

CONDENSED AGENDA OF THE BOARD OF DIRECTORS' VIRTUAL MEETING

To be held at 0800 on Wednesday 1 April 2020

V = Verbal D = Document P = Presentation

Ref N ^o .	Agenda Item	FOI (exempt)	Lead	Time
PRELIMINARY BUSINESS				08:00
TB036/20 (V)	Chair's welcome & note of apologies <i>Purpose: To record apologies for absence and confirm the meeting is quorate.</i>	No	Chair	15 mins
TB037/20 (D)	Declaration of Directors' Interests concerning agenda items <i>Purpose: To record any Declarations of Interest relating to items on the agenda:</i>	No	Chair	
TB038/20 (D)	Minutes of the previous meetings a) Public meeting held on 4 March 2020 b) Private meeting held on 4 March 2020 <i>Purpose: To receive the minutes of previous meeting for approval.</i>	No Yes	Chair	
TB039/20 (D)	Matters Arising and Action Logs <i>Purpose: To consider any matters arising not included anywhere on agenda and review outstanding and approve completed actions.</i>	No	Chair	
STRATEGIC CONTEXT				08:15
TB040/20 (V)	Chief Executive's Report <i>Purpose: To receive an update on key issues from the Chief Executive</i>	No	CEO	30 mins
TB041/20 (V)	Strategy Update • AAA Report from Strategy Task and Finish update <i>Purpose: To consider the update on the next steps</i>	Yes	DCEO/ DoS Chair	10 mins

QUALITY AND SAFETY				08:55
TB042/20	Quality and Safety Report			
	<ul style="list-style-type: none"> AAA Report Minutes of meeting held on 24 Feb 2020 	No Yes	Cttee Chair	10 mins
	<i>Purpose: To receive the reports for information and assurance and receive items of concern escalated to the Board</i>			
TB043/20 (D)	Quality and Safety Reports:	No	DoN MD	20 mins
	<ul style="list-style-type: none"> a) Quality Priorities Programme Update b) Summary of Complaints & Compliments c) Safe Staffing: Monthly d) CQC Update Report 			
	<i>Purpose: To receive the Quality and Safety Reports for information and assurance</i>			
PERFORMANCE & GOVERNANCE				09:25
TB044/20 (D)	Finance, Performance and Investments Committee			
	<ul style="list-style-type: none"> AAA Report Minutes from the meeting held on 24 Feb 2020 	No Yes	Cttee Chair	10 mins
	<i>Purpose: To receive the reports for information and assurance and receive items of concern escalated to the Board</i>			
TB045/20 (P/D)	Integrated Performance Report (IPR)	No	COO	10 mins
	<i>Purpose: To receive the IPR and consider any issues stemming from the report</i>			
TB046/20 (D)	Finance Report including:		DoF	20 mins
	<ul style="list-style-type: none"> a) Month 11 Finance Report (Part 1) Finance Report Appendices b) Financial Arrangements for 2020/21 	No No No		
	<i>Purpose: To receive the finance report for discussion and assurance</i>			
WORKFORCE				10:05
TB047/20 (D)	Workforce Committee			
	<ul style="list-style-type: none"> AAA Report Minutes from meeting held on 20 Feb 2020 	No Yes	Cttee Chair	10 mins
	<i>Purpose: To receive the reports for information and assurance and receive items of concern escalated to the Board</i>			
TB048/20	Medical Vacancies Report	No	MD	10mins

(D)	<i>Purpose: To receive the report</i>			
TB049/20 (D)	Annual Staff Survey <i>Purpose: To receive the report</i>	No	DoHR	10 mins
TB050/20 (D)	[REDACTED] <i>Purpose: To receive the report</i>	Yes	DoN DoHR	10mins
ITEMS FOR INFORMATION				10.45
TB051/20 (D)	Guardian of Safe Working Report <i>Purpose: To receive the quarterly report</i>	No	MD	5 mins
TB052/20 (D)	Gender Pay Gap Annual Report <i>Purpose: To receive the annual report</i>	No	DoHR	5 mins
CONCLUDING BUSINESS				10:55
TB053/20 (V)	Message from the Board <i>Purpose: To approve the key messages from the Board for cascading throughout the organisation.</i>	Chair		3 mins
TB054/20 (V)	Any Other Business <i>Purpose: To receive any urgent business not included on the agenda.</i>	Chair		2 mins
TB055/20 (V)	Date and time of next meeting: 09:00, Wednesday 6 May 2020 Ruffwood Suite Ormskirk Hospital	Chair		11:00 close

Chair: Neil Masom

Register of Interests Declared by the Board of Directors 2019/20 as at 27 March 2020

NAME	POSITION/ROLE	Directorship, including non-executive directorship held in private companies or PLCs (with the exception of those dormant companies)	Ownership, or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in the field of health and social care	Any connection with a voluntary or other body contracting for NHS services	Related to anybody that works in the Trust	Loyalty: An officer with close ties to a decision making colleague from an organisation who may seek to do business with the Trust	Other	Date of entry on register or amendment
ARMSTRONG-CHILD Mrs Trish	Chief Executive Officer	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	16 December 2019
BIRRELL, Mr Jim	Non-Executive Director	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	25 September 2017
BRICKNELL, Dr David	Non-Executive Director	<p>Pilkington Family Trust</p> <p>St Joseph's Hospice</p> <p>The World of Glass</p> <p>Pilkington Glass Collection</p>	Nil	Nil	<p>Director, St Joseph's Hospice</p> <p>Director, Pilkington Family Trust</p> <p>Trustee at The Rainford Trust</p>	<p>Director, St Joseph's Hospice</p> <p>Trustee at The Rainford Trust</p>	Nil	Nil	Nil	<p>20 February 2020</p> <p>27 March 2020</p>
CHRISTIAN, Mr Steven	Chief Operating Officer	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	27 February 2020
GIBSON, Mrs Pauline	Non-Executive Director Designate		Director; Excel Coaching & Consultancy. Provision of	Nil	Nil	Nil	Nil	Nil	Nil	25 July 2017

NAME	POSITION/ROLE	Directorship, including non-executive directorship held in private companies or PLCs (with the exception of those dormant companies)	Ownership, or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in the field of health and social care	Any connection with a voluntary or other body contracting for NHS services	Related to anybody that works in the Trust	Loyalty: An officer with close ties to a decision making colleague from an organisation who may seek to do business with the Trust	Other	Date of entry on register or amendment
			coaching services to Directorate and senior NHS Management personnel							
GORRY, Mrs Julie	Non-Executive Director	Catalyst Choices C.I.C.	Nil	Nil	Nil	Project Adviser: Hospice of the Good Shepherd 2017 to date Specialist Adviser CQC 2015 to date Macmillan Cancer Information & Support Specialist 2017 to date	Nil	Nil	NED Representative on the North West Coast Strategic Clinical Network for Palliative and End of Life Care	9 July 2019
HANKIN Dr Terence	Medical Director	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	31 January 2020
KATEMA Mrs Sharon	Interim Associate Director of Corporate	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	02 December 2019

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	Governance									
LEES Ms Bridget	Director of Nursing, Midwifery and Governance	Nil	Nil	Nil	Nil	Nil	Spouse employed as a Pharmacy Technician	Nil	Nil	7 February 2020
MASOM Mr Neil	Chairman & Non- Executive Director	Industrial & Financial Systems (IFS) AB NDLM Ltd	CQC Holdings Ltd (manufacturer of textile products) JSSH Ltd	Nil	Nil	Nil	Nil	Nil	Nil	4 February 2020
PATTEN, Ms Therese	Deputy Chief Executive/Director of Strategy	Nil	Nil	Nil	Nil	Trustee - Blackburn House Group	Nil	Nil	Nil	4 February 2020
ROYDS, Mrs Jane	Director of Human Resources & Organisational Development	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Vice Chair of Governors, Farnborough Road Junior School, Southport	24 February 2020
SHANAHAN, Mr Steve	Director of Finance	Nil	Nil	Nil	Member of the Board of Trustees for Age Concern Central Lancashire	Nil	Nil	Nil	Trustee – Age Concern	5 February 2020

NAME	POSITION/ROLE	Directorship, including non-executive directorship held in private companies or PLCs (with the exception of those dormant companies)	Ownership, or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in the field of health and social care	Any connection with a voluntary or other body contracting for NHS services	Related to anybody that works in the Trust	Loyalty: An officer with close ties to a decision making colleague from an organisation who may seek to do business with the Trust	Other	Date of entry on register or amendment
SINGH, Mr Gurpreet	Non-Executive Director	Nil	GS Urology Ltd: providing practice & GMC work	Nil	Nil	Private practice at Ramsay Health Trustee of the Southport and District Medical Education Centre Fund Trustee of the Ormskirk and District Post Graduate Medical Trust.	Nil	Nil	Nil	19 February 2020

Minutes of the Board of Directors' Meeting held in public
Wednesday 4 March 2020

Ruffwood Suite, Education Centre, Ormskirk

(Subject to the approval of the Board on 1 April 2020)

Members Present

Mr Neil Masom	Chair
Mrs Trish Armstrong-Child	Chief Executive
Mr Jim Birrell	Non-Executive Director
Dr David Bricknell	Non-Executive Director
Mrs Julie Gorry	Non-Executive Director
Ms Bridget Lees	Executive Director of Nursing, Midwifery and Therapies
Mr Kevin Thomas	Deputy for Executive Medical Director
Ms Therese Patten	Deputy Chief Executive/ Executive Director of Strategy
Mr Steve Shanahan	Executive Director of Finance
Mr Gurpreet Singh	Non-Executive Director

In Attendance

Mrs Pauline Gibson	Non-Executive Director Designate
Mrs Sharon Katema	Interim Associate Director of Corporate Governance
Mrs Jane Royds	Director of Human Resources and Organisational Development
Mrs Michelle Kitson	Matron for Patient Experience <i>(item TB 024/20 only)</i>
Mr Mark Hague	Patient <i>(item TB024/20 only)</i>
Mr Martin Abram	Freedom to Speak up Guardian <i>(item TB031/20 only)</i>
Ms Josie Howard	Assistant to ADCG

Apologies

Dr Terry Hankin	Executive Medical Director
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AGENDA	Action
ITEM	Lead
PRELIMINARY BUSINESS	

TB020/20 Chair's Welcome and Note of Apologies

Mr Masom welcomed all in attendance and in particular, Ms Lees to her first Board meeting since her appointment as Executive Director of Nursing, Midwifery and Therapies. Mr Masom advised that Mr Graham Pollard had been appointed as a Non-Executive Director and would be attending the April meeting.

The Board noted apologies for absence from Dr Terry Hankin and Mr Christian who would be joining the meeting later.

TB021/20 Declaration of Directors' Interests concerning agenda items

There were no declarations of interests relating to the agenda items.

RESOLVED:

The Register of Directors' Interests was **approved**.

TB022/20 Minutes of the Meeting held on 5 February 2020.

The Board reviewed the minutes and approved them as a correct record subject to the following amendments:

- TB007/20 to be revised to read "Mr Masom advised there was a need to endorse the work plan for 2021.
- TB008/20 Winter Plan to be amended to read "...Mrs Armstrong-Child responded that a formally registered the fact that system partners were not delivering on what was promised."
- TB009/20 to be updated to read "Mr Christian presented the report noting that December will meet 85% 4hour standard.

RESOLVED:

The Board **approved** the minutes subject to the noted amendments.

TB023/20 Matters Arising Action Logs – Outstanding & Completed Actions

There were no outstanding actions.

TB024/20 Patients and Engagement issues

a) NEDs and Executive Visits/Walkabouts:

The Board received an update from Mr Singh and Mrs Royds following their visits to Estates and Facilities; Sexual Health; Orthopaedic and Maxillofacial. Dr Bricknell also provided an update following his visit to Ormskirk.

Mr Singh advised that overall, the visits were very positive and insightful. The teams and patients alike, felt were well supported. However, concerns had been raised regarding changes at senior management level. Mr Singh's observations around the underutilisation of the Maxillofacial unit were also noted

Mrs Royds advised that she had carried out a 'back to floor' visits with porters whom she found to be very welcoming. She highlighted that she had taken up some of the issues, such as not flattening cardboard boxes and issues with dinner orders, for investigation as they had an impact on the smooth running of the service.

Dr Bricknell advised that his visit was very positive and he met enthusiastic members of staff who expressed a real willingness to engage. He advised that it was refreshing to know that with the current recruitment challenges, the Neonatal unit had a waiting list of nurses willing to join the Trust due to how the Trust was perceived. Dr Bricknell

updated that Radiology's recruitment initiative had resulted in the successful recruitment of three trainee radiographers who could develop their careers further.

a) Patient Story

Mrs Kitson introduced Mr Mark Hague and invited him to provide a recent account of his experience as a patient with the Ear, Nose and Throat (ENT) service.

Mr Hague provided a detailed account of his experience as a patient following his initial referral to ENT in January 2019. He highlighted that he had raised concerns regarding a lack of access to his medical report which resulted in him submitting a 'subject access request' under GDPR. He described further delays in the referral process due to missing paper records which led him to seek a private referral in May 2019. Mr Hague outlined that the worst part of the process was the waiting for diagnosis which took six months and the treatment commencing in August 2019. He added that barring the concerns and issues cited, he had found staff members to be very helpful, friendly and carried out their roles with concern, professionalism and skill.

In terms opportunities for improvement, Mr Hague suggested that text message alerts could be used to minimise the length of time patients spent in waiting rooms. He added finding a technological solution to paper referrals would minimise delays and improve security and confidentiality. Mr Hague highlighted that as a vegan, he had faced further challenges as there was a limited selection in the restaurant and there was no ingredient list to refer to for food brought into the ward resulting in him bringing his own food.

Mr Masom outlined that the patient story was an important feedback mechanism for the Trust as it provided scope to learn and improve the patients' experience. The Board thanked Mr Hague for sharing his story and apologised for the delays in his treatment and diagnosis. They acknowledged the benefits of improving processes through better use of technology and highlighted that the Trust was investing in IT with a view to provide a better service to patients.

Mrs Armstrong-Child agreed look into the issue of food choice and ingredients used in the Restaurant as well as the suggestion on the use of a text messaging service to minimise the time patients were waiting to be seen.

Mrs Kitson and Mr Hague left the meeting

Mr Masom queried if the issue relating to the 30minute display board in Outpatients had now been resolved. Mrs Armstrong-Child advised that this would be reviewed outside of the meeting.

RESOLVED:

The Board **received** and **noted** the updates.

TB025/20 Chief Executive's Report

Mrs Armstrong-Child presented a summary report of awards and staff recognition, news and developments and reportable issues facing the trust

The following key points were noted:

- There had been a 47% response rate on the annual staff survey which was an improvement from the previous year. The full report is scheduled to be reviewed at the Workforce Committee and would therefore be presented at the next meeting in April.
- The Trust had been notified that Caroline Griffiths, NHSE/I Improvement Director, who had been supporting the Trust, would leave at the end of March. She expressed gratitude on the support that Mrs Griffiths had provided to the Trust and noted that this shift symbolised the increased confidence from the regulators regarding the progress of improvements. The Board formally endorsed the thanks to Caroline Griffiths and her dedication to improving quality and safety strategy.

Mrs Armstrong-Child invited Mr Christian to briefly outline the national and local position on the COVID 19 virus.

Mr Christian advised that daily teleconferences were taking place with a view to keep people updated. An isolation area had now been set up at Southport with plans for alternative arrangements at Ormskirk progressing. The Trust was initiating emergency planning and enhancing business continuity protocols to ensure that there were robust plans to manage patients. He highlighted the need to segment the Emergency Department (ED) and for ICU to be suitably stocked. He added that the discharge process would be expedited as the Trust prepared to receive additional capacity.

Mrs Gorry advised that an in-depth discussion on Covid-19 had been held at the Quality and Safety meeting. The Infection Prevention and Control lead, Andrew Chalmers, had attended the Committee and outlined the

preparatory steps and potential impact on staffing levels.

Mrs Gorry requested that the Staff Survey results be circulated to before the next meeting in April.

ACTION: Mrs Royd to circulate Staff Survey results prior to April Trust Board meeting.

DoHR

RESOLVED:

The Board **received** the Chief Executive's report.

TB026/20 Quality & Safety Reports

Ms Lees and Dr Thomas presented the Quality and Safety Reports.

b) Quality Priorities Programme Update

Ms Lees outlined that the report demonstrated that overall there had been an improvement in performance and summarised progress to date on the delivery of each of the Quality Priorities.

Dr Thomas drew attention to medicine management adding that the Trust was improving and this progress would ensure that CQC recommendations were fully embedded in the Medicine Management programme and also providing assurance to the regulators. Mrs Armstrong-Child welcomed the inclusion of the Controlled Drugs and Out of date medicines compliance and requested that they be included in future reports.

c) Summary of Complaints & Compliments

Ms Lees advised that there had been a reduction in the number of complaints. It was noted that whilst the compliance target for acknowledging complaints within three days had been achieved, the target for completing responses within the 40-day period had not been met. She highlighted that progress had been made with regards to processing the outstanding complaints with a view to clear the legacy cases by April 2020.

In response to a query from Mrs Gorry concerning transparency and publication of complaints, Mrs Armstrong-Child advised that an annual Patient Experience Report was included on the Board Work plan and would be published on the website. Furthermore, an annual open day would provide further opportunity to showcase how the Trust engaged with patients and the local population

The Board discussed the complaints handling process and noted

complaints were handled centrally by corporate staff who then forwarded to the CBUs.

c) Learning from Deaths Report

Mr Thomas presented the report on activities undertaken to reduce avoidable deaths. The report detailed national mortality ratios and local Hospital Summary Mortality Rates by condition.

With regards to the SJR process, Mr Birrell expressed uneasy with the standing recommendation which he advised shifted responsibility to the bed manager. Mrs Armstrong-Child advised that she had discussed with Medical Director who had advised that the team would be extended so it was a MDT.

Dr Bricknell drew attention to the decline in the SHMI rates and observed that this was an extraordinary achievement as this was the lowest rate in 5 years. He asked if there was any learning that could be shared widely. Mrs Armstrong-Child added that there had been further recognition from NHS/E who cited the Trust as an example of when things go well.

a) Safe Staffing: Monthly

Ms Lees presented the report which detailed the current position of nursing staffing for January 2020 highlighting that safe staffing had been delivered despite the vacancy rates. She added that there were HCA vacancies and 12 red flag incidents had been recorded which resulted in no harm to patients.

Mrs Gorry questioned whether there was any work on patient views on safe staffing. The Board agreed it was something to bear in mind during Executive and NED ward visits.

e) CQC Update report

Ms Lee presented the CQC Update on the progress of the CQC Improvement Plan. The Board discussed the key actions arising from the report and noted the assurance mechanisms.

Mr Birrell requested that the reinstatement of the table on the first page of the report relating to Trust Must-dos. Dr Bricknell advised that the Quality and Safety Committee had requested to see detail at ward level.

Mrs Armstrong-Child welcomed the inclusion of the So Proud awards as this enabled the Board to review the good that was taking place.

RESOLVED:

The Board **received** the Quality and Safety Reports and were assured by the Quality Improvement Report.

TB027/20 Integrated Performance Report

Mr Christian presented the Integrated Performance Report for January. The report provided a summary of performance against the following indicators:

- Diagnostics Performance dropped by 0.8% against December to 1.5%. Significant work had been undertaken in radiology with performance under 1%.
- 18-week RTT performance was 92.6% with predictions for February indicating that performance would continue to be above the 92% threshold. Performance has been impacted by closure to new referrals for haematology due to clinical workforce issues
- The last eight months saw an increase in performance average of 80% of the 62day standard which is a very positive and a 5% improvement over the last 16 months.

Mr Christian advised that the Trust had struggled to increase bed capacity to 82% and had recorded 12 hour A & E delays. He added that it was worth noting that time spent dealing with Covid-19 would impact performance as the Trust would need to maximise resources as business activity intensified.

Mr Christian outlined that plans were in place for a Board Development Session on the IPR led by Sam Riley, NHSI/E Improvement Director.

RESOLVED:

The Board **received** the Integrated Performance Report.

TB028/20 Financial Position

Mr Shanahan presented the Finance report for Month 10. The report indicated that:

- The financial plan had not been achieved with the cumulative deficit £24.632 million before PSF and FRF, which is £2.619 million worse than plan.
- Month 10 saw further slippage in the CIP programme with a projected year end shortfall of £2.2 million.
- Average monthly expenditure levels have continued to rise since October 2019 with pay as the main contributor.
- There was an emerging risk that the Trust would not achieve the £3.6 million adverse variance from plan given the continued temporary pay spend, the non-delivery of CIP and the contract over performance which would have an impact on the Southport System forecast outturn position set by NHSE/

Mr Shanahan advised the Board that the Trust had lost out on £11.8 million of central funding out of a total of £18.3 million. He outlined that the finance team was reviewing the implications as funding would be issued as a revenue loan.

Mr Shanahan outlined that the Trust was forecast to spend £22.4 million on

temporary staff in 2019/20. The monthly agency staff spend in January had decreased from £1,334m in December to £1.236 million equating to 10.2% of the pay bill.

Mr Birrell highlighted that he had raised the question at FP&I Committee regarding the number of staff that were appointed in the previous year and asked where this had been agreed. Mr Shanahan advised that the Trust had not maintained substantive staff.

RESOLVED:

The Board **received** the Finance Report

TB029/20 Segmental Reporting and Charitable Funds

Mr Shanahan presented the report which reviewed the number of operating segments required to be reported in the 2019/20 annual accounts. He advised that there was no change to segmental reporting

RESOLVED:

The Board **approved** the following recommendations:

- The Trust should report one operating segment in 2019/20 accounts.
- Charitable fund results should not be consolidated.
- An annual review of both segmental reporting and charitable fund consolidation

TB030/20 AAA Reports

a) Quality and Safety Report

Dr Bricknell, the chair of the Quality and Safety Committee, presented the highlight report from the meeting held on 24 February 2020. He advised that there two alerts were being brought to the attention of the Board. He added that there were continuing challenges with IT and staff availability in reducing mortality. He highlighted that the review of the Risk Register should be withdrawn as the review came from a proforma and was not required.

b) Finance, Performance and Investments Committee

Mr Birrell, the chair of the FP&I Committee, presented the report from the meeting held on 24 February 2020. He highlighted that the Trust had lost out on a significant amount of central funding which would be considered further by the FP&I Committee.

c) Workforce Committee

Mr Singh, deputy chair of the Workforce Committee presented the report from the meeting held on 20 February 2020. He drew attention to the assurance that introducing the Empactis system would result in efficiency and cost savings.

d) Hospital Management Board

Mrs Armstrong-Child, chair of the operational board, advised that there had been a lengthy discussion regarding the further slippage in the CIP programme. There were no further questions or comments from the Board.

RESOLVED:

The Board **received** the reports for information and assurance and noted items of concern for escalation.

TB031/20 Freedom to Speak Up Guardian (FTSUG) Report

Rev Abrams joined the meeting

The Freedom to Speak Up Guardian (FTSUG) delivered the quarterly report which identified concerns raised during Quarter 3.

The report outlined that:

- 25 concerns had been raised through the FTSU Guardian across wide ranging themes.
- Progress had been made regarding the Trust's response to concerns raised with the workforce.
- The National Guardian's Office had reported an increase of 73% in cases raised to guardians compared to 2017/18.

Mr Singh commented that it was a good report and was pleased to note that 90% of service users would speak up again. Mr Singh suggested that there was a need to publicise the report on the intranet and staff newsletter.

RESOLVED:

The Board received the Freedom to Speak Up quarterly report for Q3 2019/20.

Rev Abram left the meeting

TB032/20 Questions from Members of the Public

Mr Masom advised that two questions had been received from the public in advance of the meeting.

Question 1 received from Judith Wright

At the Southport and Ormskirk Hospitals Trust Board Meeting, 5th December, 2019, "Medical Vacancy Rates" were discussed in which it was pointed out that a "solution is not going to be found in going out and getting the doctors because they're not there". The Trust would have "to think of other solutions".

Given the framework of NHSE's Long Term Plan and the necessity of finding "other solutions" for the replacement of absent doctors has the Trust decided what the solutions are likely to be? If so, do they include for example:

- 1) Purchase of more digital diagnostic services from the private sector?
- 2) Recruitment of professional 'Associates' with approximately 2 years training in contrast to the 6 years training requirement for doctors?
- 3) Withdrawal and /or re-allocation of some services to other hospitals?

Trust Response

Mrs Royds responded that there were challenges around recruitment and the Trust was exploring different incentives as means to encourage people to join the Trust. The Trust was engaging with Edge Hill University and were looking into a more collaborative approach of improving recruitment.

On to digital diagnostics Mr Masom referred to comments from the Patient Story in which it had been highlighted that the Trust was investing in improving IT.

Question 2 received from Michele Martin

“Since physiotherapy moved to Ormskirk many elderly & infirm Southport patients have struggled to get to their appointments. One 89 year old patient took the train from Southport to Sandhills where he caught another train to Ormskirk. He finally arrived at his appointment absolutely wiped out and in no fit state to undergo any physical therapy.

Patients who opt to be treated at Southport face 6 week waits which is totally unacceptable for most injuries. When the physio staff were asked what were the positive aspects of moving to Ormskirk there was a deathly silence.

My question to the board is: When will the physiotherapy department return to Southport Hospital?”

Trust Response

Mr Christian acknowledged that the example provided by Ms Martin was not acceptable and apologised for that patient experience. He added that he would investigate this further as a formal evaluation was required.

Mr Christian explained that the decision to move Physio temporarily to Ormskirk had been reached following risk assessments of various reconfigurations and the need to reduce capacity at Southport. This had been compounded by the increase in demand in A&E during winter and the need to prioritise critical and clinically ill at Southport due to the demographic of older people. He explained that there were minimal Physio slots available in Southport for those unable to travel to Ormskirk and there were provisions for transporting patients between the sites.

Mr Singh questioned whether any patients have turned down appointments in Ormskirk rather than not attending appointments. Mr Christian confirmed that he was not aware of any and the DNA rates had not been adversely affected by the move.

Mrs Armstrong–Child observed that the trust was in a unique situation as there was no de-camp ward at Southport confirming that this was the right decision as the alternative would have been increased corridor care for patients. Furthermore, whilst the original intention was to end the temporary move by the end of March the Trust would be considering the impact of Covid-19 on more services.

Mr Masom thanked both Ms Wright and Ms Martin for their questions.

TB033/20 Message from the Board

The Board agreed the key messages to be communicated to the organisation.

TB034/20 Any Other Business

Mrs Gorry raised that the Lesson Learned bulletin has not been received and asked that it be backdated to January. She asked if there was a way of adding page numbers to the iPad version of Board packs.

Dr Bricknell emphasised the importance of hand hygiene in particular with Covid-19 infections.

There being no other business to attend to, the Chair thanked all for attending and brought the meeting closed at 12:35.

DATE, TIME AND VENUE OF THE NEXT MEETING

TB035/20 Wednesday 1 April 2020 09:30am
Seminar Room, Clinical Education Centre, Southport Hospital.

Board Attendance 2019/20												
Members	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Neil Masom (Chair)	✓	✓	✓	✓		✓	✓	A	✓	✓	✓	✓
Trish Armstrong-Child									✓	✓	✓	✓
Jim Birrell	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
David Bricknell	✓	✓	✓	✓		✓	✓	✓	✓	✓	A	✓
Ged Clarke	✓											
Juliette Cosgrove	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	
Bridget Lees												✓
Julie Gorry	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
Terry Hankin	✓	✓	✓	✓		✓	✓	A	✓	✓	✓	A
Joanne Morgan		✓	✓	✓		A						
Silas Nicholls	✓	✓	✓	✓		✓	✓					
Therese Patten	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
Steve Shanahan	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
Gurpreet Singh	A	✓	✓	A		✓	✓	✓	✓	✓	✓	✓
In Attendance	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Pauline Gibson	✓	✓	✓	✓		✓	A	✓	✓	✓	✓	✓
Audley Charles	✓	✓	✓	✓								
Steve Christian	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
Jane Royds	✓	✓	✓	✓		✓	A	✓	✓	✓	✓	✓
Anita Davenport						✓	✓	✓				
Sharon Katema									✓	✓	✓	✓
Jenny Pennifold							✓					

A = Apologies ✓ = In attendance

Public Board Matters Arising Action Log 1 April 2020

BRAG Status Key

Red	Significantly delayed and/or of high risk
Amber	Slightly delayed and/or of low risk
Green	Progressing on schedule
Blue	Completed

OUTSTANDING ACTIONS								
Agenda Ref	Meeting Date	Agenda Item	Agreed Action	Lead	Original Deadline	Forecast Completion	Status Outcomes	BRAG STATUS
TB025/20	4 March 2020	Chief Executive's Report	Mrs Royds to circulate Staff Survey results prior to April Trust Board	DoHR	April 2020	April 2020	Survey results were circulated to all NEDs. Action completed:	BLUE

Public Board Matters Arising Action Log 1 April 2020

COMPLETED ACTIONS

Agenda Ref	Meeting Date	Agenda Item	Agreed Action	Lead	Original Deadline	Forecast Completion	Status Outcomes	BRAG STATUS
TBG007/20	5 February 2020	Quality Improvement Plan Update	The Director of Nursing to provide an update on the quality priorities at the March meeting.	DoN	4 March 2020	March 2020	March 2020 – A revised report on the Quality priorities programme is included on the agenda.	GREEN

ALERT | ADVISE | ASSURE (AAA) HIGHLIGHT REPORT

COMMITTEE/GROUP:	QUALITY & SAFETY COMMITTEE (QSC)
MEETING DATE:	23rd MARCH 2020
LEAD:	MR DAVID BRICKNELL

KEY ITEMS DISCUSSED AT THE MEETING

ALERT

(Alert the Committee to areas of non-compliance or matters that need addressing urgently)

- There is not yet any reduction in stranded or super stranded patients essential to make room for new arrivals. An urgent community contribution is essential.
- General Health and Safety outside the current crisis has not had the required focus, and staffing and management contribution will need to be addressed when the current crisis is over.

ADVISE

(Detail here any areas of on-going monitoring where an update has been provided to the sub-committee AND any new developments that will need to be communicated or included in operational delivery)

- Testing for Coronavirus is in line with NHS England guidelines and is risk stratified and currently adequate, although turnaround times are stretched.
- Some of the changes required by regulators are being renegotiated to reflect current priorities, at all times bearing in mind the safety of patients.
- Some projects to mitigate pre-crisis risks, eg follow-up patients, ophthalmology follow-up, can continue remotely, although resources are continually under review.
- Other mitigations of extreme risk, eg deteriorating patients, are being merged into the mitigation of Coronavirus risk.

ASSURE

(Detail here any areas of assurance that the committee has received)

- Significant training of all staff, with a particular focus on areas identified with shortcomings by the CQC. The crisis has accelerated the mitigation of this risk.
- The Quality Improvement Programme is being flexed to recognise where the crisis impairs actions and where action can continue. Some crisis requirements are driving already identified change.
- Although the gas policy has still not been finalised the practical issues, safe storage and personal training, are in place and have been accelerated with the imminent focus on the delivery of oxygen.

New Risk identified at the meeting

- No new risks were identified at the meeting.

Review of the Risk Register

(Detail the risks on the committees risk register that were reviewed in the meeting, including scores C&L and current actions)

Title of Meeting	BOARD OF DIRECTORS	Date	1 April 2020
Agenda Item	TB043/20a	FOI Exempt	No
Report Title	QUALITY PRIORITIES PROGRAMME UPDATE		
Executive Lead	Bridget Lees, Director of Nursing, Midwifery, Therapy & Governance		
Lead Officer	Jo Simpson, Assistant Director of Quality Amanda Locke, Programme Manager		
Action Required	<input type="checkbox"/> To Approve <input checked="" type="checkbox"/> To Assure	<input checked="" type="checkbox"/> To Note <input type="checkbox"/> To Receive	
Purpose			
<p>The purpose of this report is to provide the assurance on the progress of delivery of the Trust's Quality Priorities. This report includes an implementation plan summary outlining the key milestones and expected outcomes for 2020/21 and provides assurance on the delivery and a progress update against plan for each of the quality priorities to the end of February 2020</p>			
Executive Summary			
<p>The delivery plans for the four priorities will be reviewed and streamlined to ensure they are focussed and aligned to the outcomes we want to achieve, this will enable more effective and robust reporting including the development of programme level improvement measures and risks which currently do not exist.</p> <p>The report demonstrates performance and progress to date of each of the Quality Priorities. The Quality Priorities will be monitored by Quality and Safety Committee and then presented to Board on a monthly basis.</p>			
Recommendations			
<p>The Board is asked to receive the highlight reports and dashboards for each of the four quality priorities, which will be used for assurance to meet both internal and external requirements.</p>			
Previously Considered By:			
<input checked="" type="checkbox"/> Quality & Safety Committee			
Strategic Objectives			
<input checked="" type="checkbox"/> SO1 Improve clinical outcomes and patient safety to ensure we deliver high quality services			
<input checked="" type="checkbox"/> SO2 Deliver services that meet NHS constitutional and regulatory standards			
<input checked="" type="checkbox"/> SO5 Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values			
Prepared By:		Presented By:	
Jo Simpson		Bridget Lees,	

Quality Improvement Programme Update March 2020

1. Purpose of Report

The purpose of this report is to provide the Trust Board with assurance on the progress of delivery of the Trust's Quality Priorities.

2. Quality Priorities

The Quality Improvement Programme (QIP) is an integral part of the Vision 2020. The QIP identifies four 'Quality Priorities'. An overview of the quality priorities is tabled below.

Quality Priority	Overarching Aim	Impact
Medicines Management Executive Lead: Dr T Hankin Programme Lead: J Williams	Deliver a safe and optimum acute medicines management system from admission to discharge	Patients receive the right medication at the right time
Care of the Deterioration Patient Executive Lead: Dr T Hankin Programme Lead: Dr C Goddard	Reduce the average time for the recognition, review and treatment of the deteriorating patient by April 2021	Deteriorating patients receive the right care, in the right place and at the right time
Care of Older People Executive Lead: J Cosgrove Programme Lead: M Langley	Reduce length of stay, re-admission rates and incidence of harm from care of older people	More people are supported to die in their preferred place Overall length of stay for older people is reduced Patients' experience of care, and their outcomes, are improved
Infection Prevention and Control Executive Lead: Dr T Hankin Programme Lead: A Chalmers	Prevent and reduce healthcare associated infections and to ensure that outbreaks are effectively and appropriately managed in line with Trust policy	Reduction in the number of hospital acquired infections 85% compliance with statutory and mandatory training

3. 2020 /21 Quality Priority Implementation Plan

Appendix 1 provides an outline of the Quality Priority Implementation Plan and actions for the year.



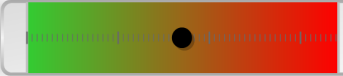

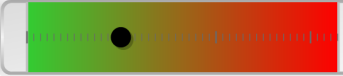




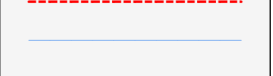


Appendices 2-5 provide a summary of the progress during February 2020 for each of the quality priorities in the form of highlight reports and refreshed dashboards.

- Medicines Management
- Recognition and Care of the Deteriorating Patient
- Care of Older People
- Infection Prevention Control

4. Recommendation

The Board is asked to receive the highlight reports and dashboards for each of the four quality priorities, which will be used for assurance to meet both internal and external requirements.

Southport & Ormskirk NHS Trust Medicines Management Dashboard March 2020

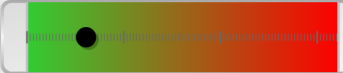


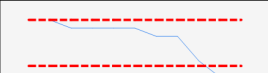

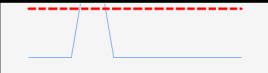
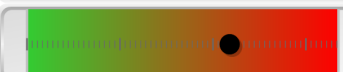
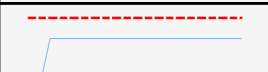
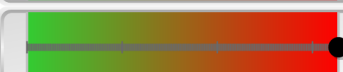


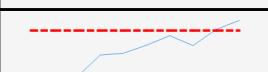


Structure			Process				Outcome	
Indicator Name	Description	Threshold	Trust	Planned Care	Urgent Care	Specialist	Performance	Trend
No. Vacancies in Pharmacy	Number of vacancies in Pharmacy		14.0					
Sickness Absence	Proportion of substantive WTE in month who are unavailable for work	4.00%	3.07%					
Staff Turnover (Rolling)	Number of leavers over past 12 months divided by average headcount		0.00%					
Staff Appraisals	% Staff with a valid PDR	95.00%	81.54%					
Sunday on ward based services (hrs)	Hours of clinical pharmacy service provided to medical admissions on a Sunday		0.0					
Pharmacist time spent on clinical pharmacy activities	Proportion of pharmacist time spent delivering clinical pharmacy services		0.8					

Latest data reported from February 2019/20 or latest data where available

Structure	Process	Outcome
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Indicator Name	Description	Threshold	Trust	Planned Care	Urgent Care	Specialist	Performance	Trend
Medicines Reconciliation 7 Day average	% medicines reconciliation average over 7 days	80.00%						
Medicines Reconciliation Excl Weekends	% medicines reconciliation within 24 hours of admission, exc weekends.	95.00%	40.00%					
Missed Doses	Missed doses as a % of patients having 1 or more missed doses		40.00%					
TTO turnaround	Turnaround time from Drs writing TTO to completion (Hrs)		1.3					
TTO average	Average time of turnaround time in dispensary for TTO (Hrs)		0.4					
Pharmacy dispensing errors	Number of dispensing errors in pharmacy		2					

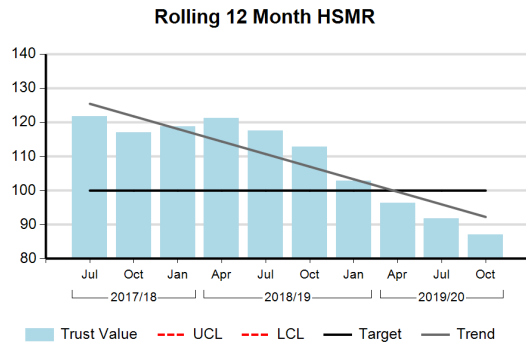
Latest data reported from February 2019/20 or latest data where available

Structure		Process					Outcome	
Indicator Name	Description	Threshold	Trust	Planned Care	Urgent Care	Specialist	Performance	Trend
Medication errors	Medication errors resulting in moderate harm or above		0					
Fridge Checks	All wards have a completed fridge check weekly by pharmacy	14	14					
Controlled Drugs audit	Number of compliant controlled drug audits		0					
Ward expiry checks		100.00%	100.00%					
Stockholding days in Pharmacy	Number of days stockholding in Pharmacy	21	26					
Biosimilar uptake	Biosimilar uptake %	100.00%	92.00%					
Pharmacist prescribers	% of Trust pharmacists that are active prescribers	35.00%	24.14%					

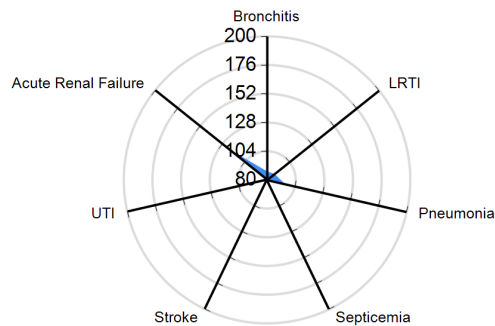
Latest data reported from February 2019/20 or latest data where available

Southport & Ormskirk NHS Trust Deteriorating Patient Dashboard March 2020

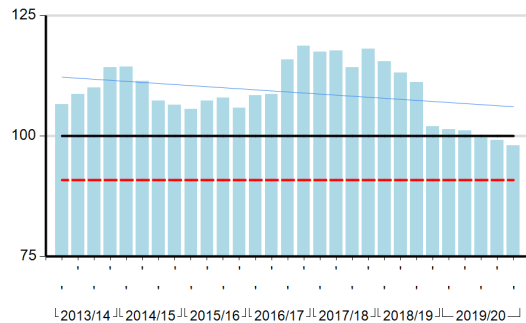
Dr Foster National Mortality Statistics



Local HSMR October 2019/20

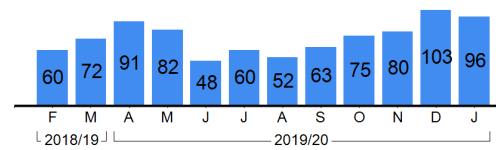


SHMI



Trust Mortality Statistics

In Hospital Deaths



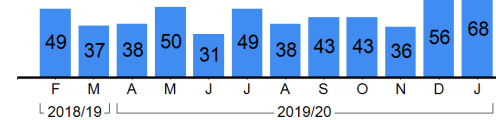
YTD Deaths of Patients with Learning Difficulties: 6

YTD Deaths of Patients with GSF Alert: 120

0.8% ▲

16% ▼

Deaths Post Discharge - 30 Days



Avg Spell LOS whilst admitted:

15.7

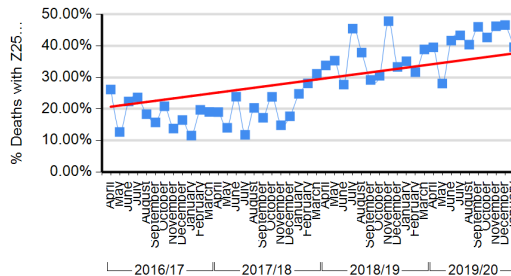
Avg Days to death post discharge:

11.6

YTD Deaths of Patients with GSF Alert: 139

30.8% ▼

Palliative Care Coding %



Top 5 Primary Diagnoses for Patients who die in hospital with comparison to last month

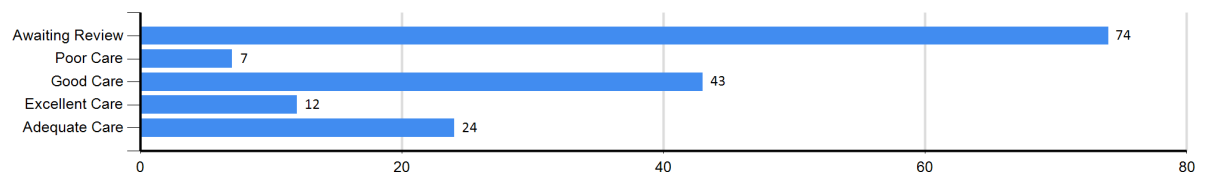
Primary Diagnosis Name	This Month	Trend
Lobar pneumonia, unspecified	15	▲
Pneumonitis due to food and vomit	8	▼
Chronic obstructive pulmonary disease with acute lower respiratory infection	6	▲
Sepsis, unspecified	6	▼
Cerebral infarction, unspecified	5	▲

Mortality Reviews





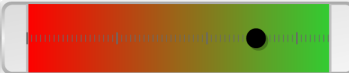



	2018/19		2019/20									
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Screens Completed	37	34	32	27	28	53	44	58	68	66	65	62
Screens %	61.7%	47.2%	35.2%	32.9%	58.3%	88.3%	84.6%	92.1%	90.7%	82.5%	63.1%	64.6%

Overall Assessment Rating Outcomes - Last 12 Months



Deteriorating Patient Dashboard

Structure			Process				Outcome	
Indicator Name	Description	Threshold	Trust	Planned Care	Urgent Care	Specialist	Performance	Trend
Depth of Coding	No. Diagnoses for 1st FCE	4.8	5.9	5.1	7.1	2.8		
Co morbidities	% Comorbidities on 1st FCE	60.00%	62.25%	66.56%	71.72%	11.54%		
Palliative Care Coding	% Spells with a Z515 Palliative Care Code	12.00%	39.58%	50.00%	38.64%	0.00%		

Latest data reported from January 2019/20

Deteriorating Patient Dashboard

Structure		Process					Outcome	
Indicator Name	Description	Threshold	Trust	Planned Care	Urgent Care	Specialist	Performance	Trend
Mortality Screens - Number	Number of mortality reviews completed in month	77	62	4	55	0		
Mortality Screens - %	% of Deaths with a completed mortality review	90.00%	64.58%	50.00%	62.50%	0.00%		
SJRs	No. Structured Judgement Reviews Done	0	18	1	17	0		
2nd Review	No. Second Reviews Done	0	0	0	0	0		
SIs	No. Serious Incidents	0	0	0	0	0		
Observations Compliance Deaths	Compliance of observations recording for patients who died	80.00%	54.12%	51.64%	54.51%	0.00%		
Observations Compliance Discharges	Compliance of observations recording for all patients	80.00%	56.45%	55.04%	57.40%	14.31%		

Latest data reported from January 2019/20

Deteriorating Patient Dashboard

Structure		Process					Outcome	
Indicator Name	Description	Threshold	Trust	Planned Care	Urgent Care	Specialist	Performance	Trend
Rolling 12 Month HSMR	Hospital Standardised Mortality Ratio, for rolling 12 month period	100.0	87.0					
Monthly HSMR	Hospital Standardised Mortality Ratio for single month	100.0	79.1					
SHMI	Summary Hospital-Level Mortality Indicator, rolling 12 month period reported quarterly	100.0	98.1					
Local HSMR Bronchitis	Diagnosis Level HSMR	100.0	87.2					
Local HSMR LRTI	Diagnosis Level HSMR	100.0	88.0					
Local HSMR Pneumonia	Diagnosis Level HSMR	100.0	95.5					
Local HSMR Septicemia	Diagnosis Level HSMR	100.0	69.8					
Local HSMR Stroke	Diagnosis Level HSMR	100.0	106.3					
Local HSMR UTI	Diagnosis Level HSMR	100.0	60.3					
Local HSMR Acute Renal Failure	Diagnosis Level HSMR	100.0	122.4					

Latest data reported from January 2019/20

Assess/Investigate (FAIR)



47.37%

MUST Screening



51.69%

Actual Number of Falls



59

Falls Risk Assessments



97.60%

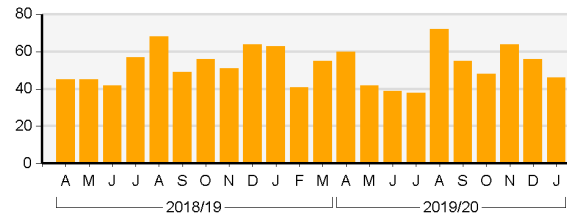
Tier 1 Dementia Training



66.03%

Dementia

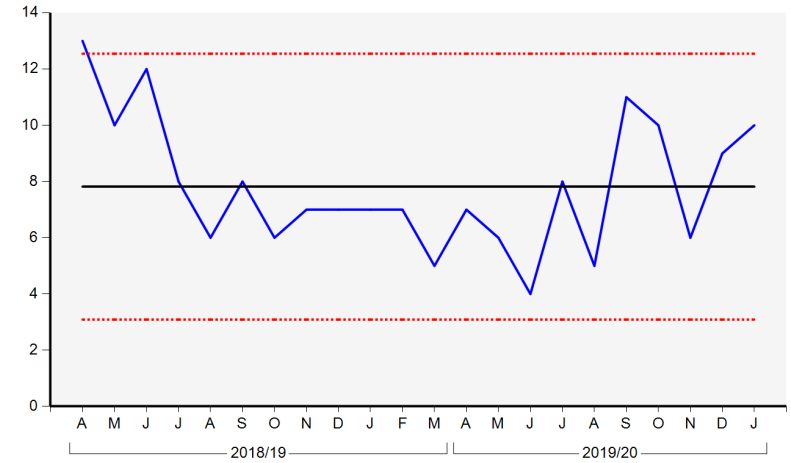
Admissions



Discharges to usual place of residence

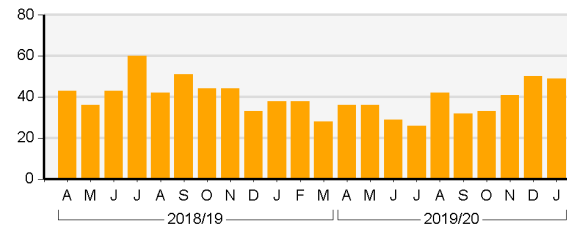
69.57%

Average Length of Stay



Delirium

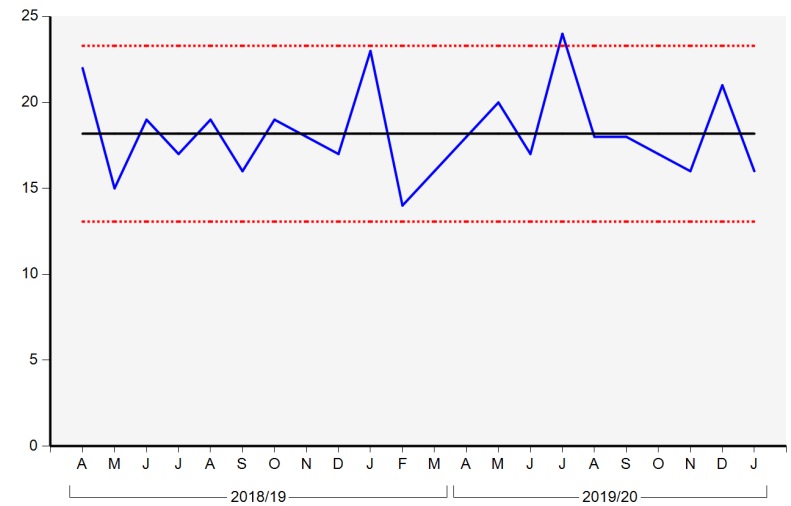
Admissions



Discharges to usual place of residence

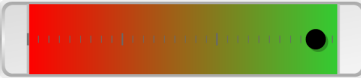


68.66%

Average Length of Stay



Southport & Ormskirk NHS Trust Care of the Older Patient Dashboard March 2020

Structure	Process	Outcome
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Indicator Name	Description	Threshold	Trust	Planned Care	Urgent Care	Specialist	Performance	Trend
Tier 1 Dementia training	% staff with Tier 1 Dementia Training	95.00%	66.03%	70.94%	67.63%	58.54%		
Tier 2 Dementia training	% staff with Tier 2 Dementia Training	95.00%						

Latest data reported from February 2019/20 or latest data where available






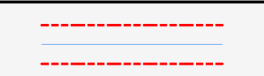


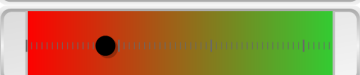


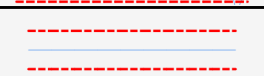


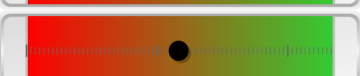


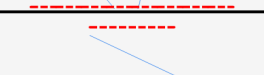
Structure		Process					Outcome	
Indicator Name	Description	Threshold	Trust	Planned Care	Urgent Care	Specialist	Performance	Trend
Assess/Investigate (FAIR)	% of Appropriate patients having cognitive impairment assessment	95.00%	47.37%					
Screening Referral	% of Appropriate patients having a dementia referral	95.00%	0.00%					
MUST Screening	MUST screening compliance within 24 hours of admission	95.00%	51.69%					
MUST repeat	Repeated MUST assessment within 7 days	95.00%	72.37%					
Assessments recorded unmeasurable	Uses of Unrecordable on MUST Assessment Weight Method	10.00%	47.10%					
Falls risk assessments	% of patients having a falls risk assessment	95.00%	97.60%					
Falls Care plans	% of patients with a falls care plan in place	95.00%	97.60%					
Number of falls	Actual number of falls	71	59	15	43			

Latest data reported from February 2019/20 or latest data where available

Structure		Process					Outcome	
Indicator Name	Description	Threshold	Trust	Planned Care	Urgent Care	Specialist	Performance	Trend
Delirium - ALOS	Average length of stay for patients with delirium	17.0	16.0					
Dementia - ALOS	Average length of stay for patients with dementia	7.0	10.0					
Delirium Discharges to UPOR	% patients with delirium discharged to usual place of residence	90.00%	68.66%					
Dementia Discharges to UPOR	% patients with dementia discharged to usual place of residence	90.00%	69.57%					
Delirium Readmissions 30 Days	Readmissions within 30 days for patients with Delirium	10.00%	26.53%					
Dementia Readmissions 30 Days	Readmissions within 30 days for patients with Dementia	10.00%	23.91%					
Frailty Readmissions	Readmissions of patients seen by the Frailty team within 30 Days	10.00%	4.55%					
Frailty Reattendances	Reattendances of patients to A&E seen by the Frailty team within 30 Days	10.00%	9.09%					

Latest data reported from February 2019/20 or latest data where available

Southport & Ormskirk NHS Trust Infection prevention & Control Dashboard March 2020

Structure			Process				Outcome	
Indicator Name	Description	Threshold	Trust	Planned Care	Urgent Care	Specialist	Performance	Trend
Hand Hygiene Audits	% of Hand Hygiene audits completed		79.00%					
Hand Hygiene Policy	% Compliance with policy		96.70%					
Bare below the elbow audits	% Bare Below the Elbow Audits completed		100.00%					
Bare below the elbow compliance	% Compliance with policy		91.67%					
MRSA pathway audits	% MRSA Pathway Audits completed		50.00%		50.00%			
C Diff pathway audits	% C Diff Pathway Audits completed		100.00%					
HEAT inspections	Number HEAT inspections in rolling 12 month period		0					
HEAT inspection compliance	% Compliance with HEAT policy		60.00%					
Cannula policy	% Compliance with cannula policy		41.18%					

Latest data reported from February 2019/20 or latest data where available

Structure	Process							Outcome
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Indicator Name	Description	Threshold	Trust	Planned Care	Urgent Care	Specialist	Performance	Trend
MRSA Screens - Emergency admissions	% Emergency admissions screened for MRSA		91.56%					
MRSA Isolation	% Patients colonised with MRSA are isolated		89.66%					
MRSA Treatment	% Patients colonised with MRSA prescribed suppression treatment		0.00%					
C Diff isolation	% Patients with suspected C Diff are isolated	50.00%	60.00%					
Isolation signage	Appropriate signage to indicate presence of infection	80.00%	76.60%					
H.A.B blood cultures		35.00%	0.00%					
Medical Device utilisation (Catheter prevalence)	Utilisation of Catheters		0.00%					
Catheter Care plans	% Patients with a catheter with a care plan	100.00%	29.17%					
Catheter Care Plans Completed	% Patients with a care plan completed	50.00%	0.00%					

Latest data reported from February 2019/20 or latest data where available

Structure	Process	Outcome
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Indicator Name	Description	Threshold	Trust	Planned Care	Urgent Care	Specialist	Performance	Trend
MRSA Colonisation	Number of incidents of MRSA colonisation		0					
MRSA Bacteremia	Number of incidents of MRSA bacteraemia		0	0	0	0		
C Diff incidents	Number of incidents of Clostridium Difficile		3	1	2	0		
Incidents hospital acquired bacteremia	Number of incidents of hospital acquired bacteraemia		0					
PICC associated BSI	Number of PICC associated BSI/1000 Device days		0.0					
CVC related infections	Number of incidents of CVS related infections		0					
Bed days lost to IPC	Number of beds lost x No. Days due to IPC		0					
VG outbreaks	Number of incidents of VG outbreaks		0					
Blood Cultures contamination rate	% of blood cultures contaminated		8.68%					

Latest data reported from February 2019/20 or latest data where available

Title Of Meeting	TRUST BOARD	Date	1 April 2020
Agenda Item	TB043/20b	FOI Exempt	No
Report Title	SUMMARY OF COMPLAINTS AND COMPLIMENTS		
Executive Lead	Bridget Lees, Director of Nursing, Midwifery and Therapies		
Lead Officer	Mandy Power, Associate Director of Integrated Governance		
Action Required	<input type="checkbox"/> To Approve <input type="checkbox"/> To Assure	<input type="checkbox"/> To Note <input checked="" type="checkbox"/> To Receive	
Purpose			
This report provides a breakdown on the number of compliments, complaints, concerns received in January and actions taken.			
Executive Summary			
Performance			
<ul style="list-style-type: none"> The trust target of written acknowledgement of a complaint within 3 working days has been maintained at 100% for February 2020 following 100% compliance in Quarter 3 The number of complaints received in February 2020 was 28 and there has been an over-all reduction in complaints received of 10% in year. There has been an continued increase of concerns raised. The trust target of completing complaint responses in 40 days has not been met. In February the average time period for closure of complaints being 72 days. The period of time of open complaints is ranging between 40 – 220 days <p>The review of the complaints process has been undertaken. A range of measures have been put in place in order to achieve compliance against complaint timescales, including enhanced monitoring and reporting arrangements. A Patient advice and liaison service (PALs) team will be introduced (Spring 2020) to enhance support and sign-posting for patients, families and the public. The expected impact will be an increase in concerns and queries reported and a reduction in the number of formal complaints which is nationally seen as a positive indicator of patient experience.</p>			
Recommendation			
<p>The Board is asked to note</p> <ul style="list-style-type: none"> this report and actions to be taken to address excessive periods of time that patients and families are waiting for a response to their complaint that a trajectory to complete the 31 outstanding complaints be set by May 2020 and a further stretch target of complaint response times to be considered in line with other organisations 			
Previously Considered By:			
✓ Quality and Safety Committee			
Strategic Objectives			
✓ SO1 Improve clinical outcomes and patient safety to ensure we deliver high quality services			
✓ SO2 Deliver services that meet NHS constitutional and regulatory standards			
Prepared By:	Presented By:		
Mandy Power	Bridget Lees		

Title Of Meeting	BOARD OF DIRECTORS	Date	1 April 2020
Agenda Item	TB043/20c	FOI Exempt	No
Report Title	MONTHLY SAFE NURSE AND MIDWIFERY STAFFING REPORT		
Executive Lead	Bridget Lees, Director of Nursing, Midwifery and Therapies		
Lead Officer	Claire Harrington - Deputy Director of Nursing Carol Fowler- Assistant Director of Nursing Workforce		
Action Required	<input type="checkbox"/> To Approve <input type="checkbox"/> To Assure	<input type="checkbox"/> To Note <input checked="" type="checkbox"/> To Receive	
Purpose			
The purpose of this report is to provide an overview of the staffing levels for February 2020 and progress on the actions being taken to reduce vacancies			
Executive Summary			
Position:			
<ul style="list-style-type: none"> For the month of February 2020 the Trust reports safe staffing unify data as 88.31% compared to a national average of 90% Vacancies remain a challenge with HCA for inpatient ward areas is currently 30.68 wte and registered Nurse vacancy at 139.55 WTE Off framework agency use continues to reduce 			
Next Steps:			
<ul style="list-style-type: none"> Recruitment events are planned in for 2020. . International recruitment has been approved and the procurement process commenced A review of nursing establishments is underway with additional focus on roster governance. Careers events with schools and colleges are forming part of the trusts engagement aligned to the talent for care initiatives. Development of a Nursing workforce tracker/predictor tool has commenced to demonstrate vacancy within each nursing role (band) and influence recruitment and retention needs. Meetings are being arranged with Academic Education Institutes (AEI's) to discuss future increase to the number of nursing student placements and TNA placements in line with the trust workforce plan to ensure a sustainable workforce. 			
Recommendation			
The Board is asked to receive this paper and support the on-going plans to achieve and sustain compliance against Safe Staffing Plan.			
Previously Considered By:			
<input checked="" type="checkbox"/> Quality and Safety Committee			
Strategic Objectives			
<input checked="" type="checkbox"/> SO1 Improve clinical outcomes and patient safety to ensure we deliver high quality services			
<input checked="" type="checkbox"/> SO2 Deliver services that meet NHS constitutional and regulatory standards			
Prepared By:		Presented By:	
Claire Harrington and Carol Fowler		Bridget Lees	

1. Introduction

This report provides an overview of the staffing levels for February 2020. The report provides assurance that the trust had safe nurse staffing levels across all in-patient ward areas and appropriate systems in place to manage the demand for nurse staffing.

2. Fill Rate

The Trust overall fill rate for February 2020 was **88.31%** (see appendix 1 for more detail by area).

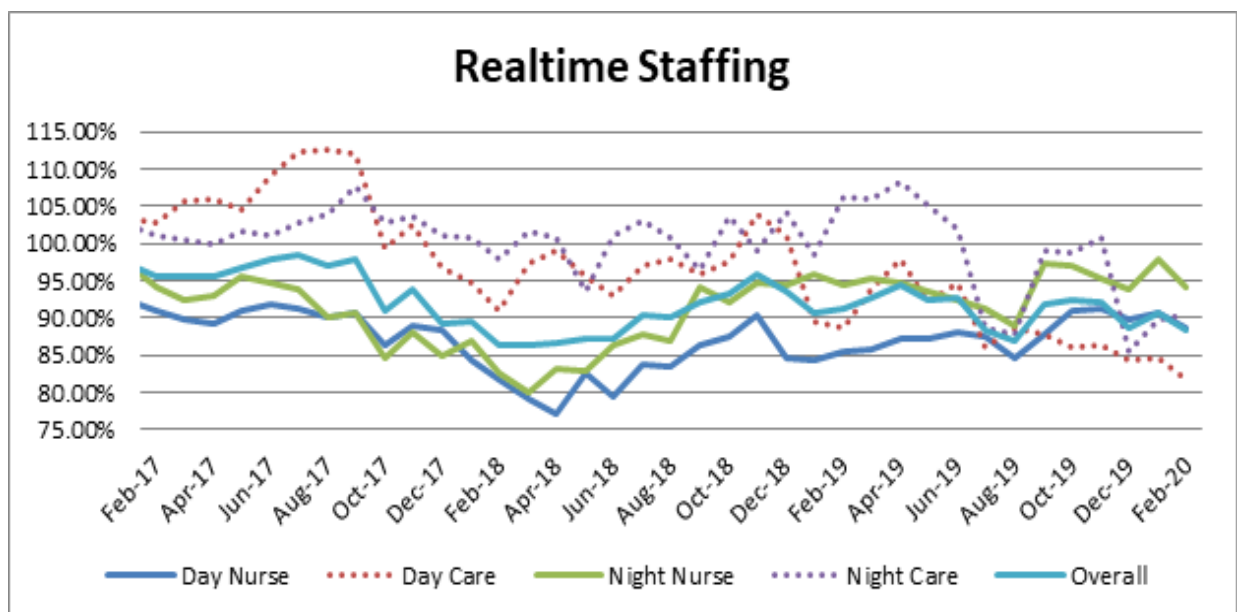
When broken down by shift and role the fill rates are:

- 88.76% Registered Nurses/Midwives (RN/RM) on days
- 94.16% Registered Nurses/Midwives (RN/RM) on nights
- 81.73% Health Care Assistants (HCA) on days
- 88.31% Health Care Assistants (HCA) on nights

Where area shortfalls in staffing occur, the Heads of Nursing at the staffing huddles held twice daily and the late shift Matron, move staff according to need to ensure a safe level of staffing in each area balanced with patient acuity and skill mix of staff.

Maternity average fill rate (Day) applies to support workers during the day on Maternity and is reflective of vacancy and long term sickness. Paediatrics & Neonates average fill rate (Day & night), applies to support workers due to sickness absence. Shift fill is requested however some shifts have not been covered by flexible working with priority given to covering shifts out of hours. Shortfalls are mitigated with support given across clinical areas. The units have seen increased activity. There has been no patient safety incidents linked to staffing shortfalls. Planned care wards (G & E) on the ODGH site, applies to average fill rate for RN's (Day/Night) and HCA (Days) and is reflective of the fluctuation in capacity and some resourcing issues currently affecting theatre activity.

Table 1-Real Time staffing: reflects UNIFY data return.



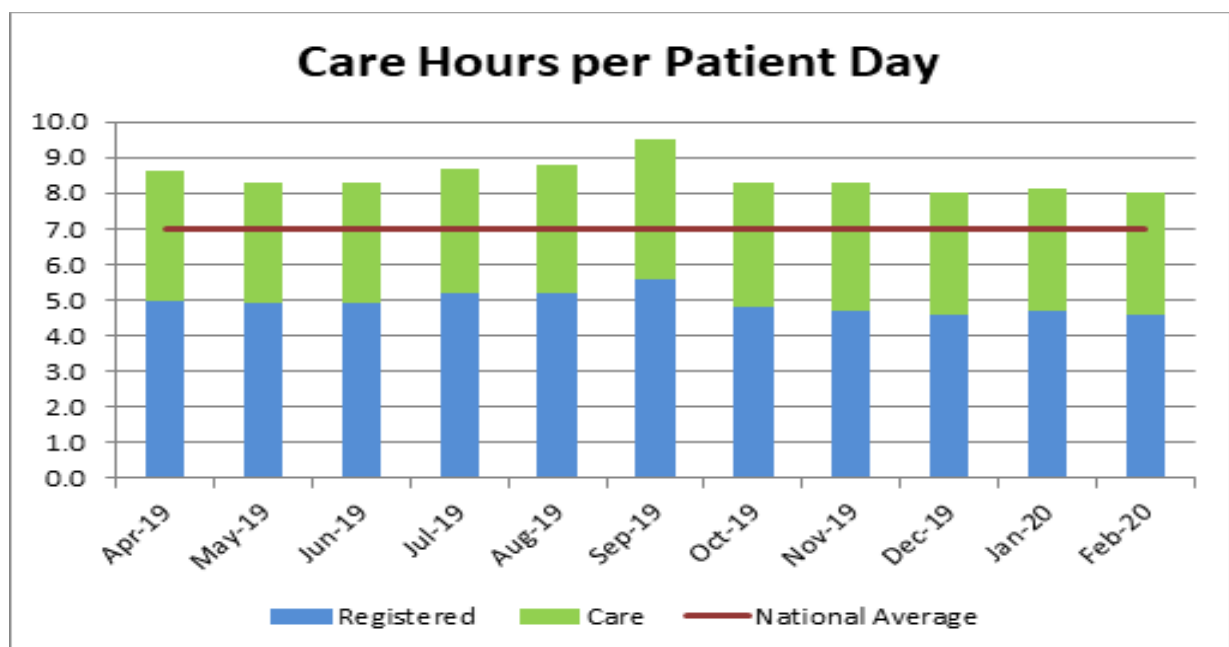
3. Care Hours per Patient Day (CHPPD)

Table 2 below reports the Trusts Care Hours per Patient Day (CHpPD) at 8.0 for February 2020 remaining slightly above the national average of 7.0. Further individual ward/department CHpPD reporting can be viewed for February 2020 in appendix 1. The Trusts current reporting for CHpPD includes RN/RM and HCA's for all inpatient wards and departments including Critical Care. The Board is advised work is being undertaken to understand the variance in the data between some of the ward areas CHpPD levels and temporary staffing use. Based on current scrutiny of CHPPD reporting the following findings will be subject to further in-depth reviews and actions over the coming weeks with reportable updates to the committee in April 2020:

Review of 'optional' duties within all rosters. These duties are within the roster template and currently available to be selected when deemed 'appropriate'. These duties are however outside of agreed demand templates and will currently therefore be recording into the CHPPD incorrectly and be selected incorrectly for such shifts as supernumerary. Therefore through further consultation there is a proposed adjustment to the method of recording supernumerary shifts in roster templates. This is to assure supernumerary shifts are recorded accurately when required (as they are counted in the CHpPD), when potentially these shifts should be recognised as study leave.

Additional duties –Through review of governance process, there will be limited access via senior nursing leads, for authorisation of these shifts. Additional duties are duties created above the budgeted establishment and therefore sit outside of the agreed financial envelope. Run a comparative 'Mandatory hours' report from roster (budgeted establishment/Rostered establishment) to provide supportive review against current reported fluctuating planned hours.

Table 2: Data excludes AED, ACU & Paediatric AED, includes E ward ODGH.



4. Registered Nurse/Midwife and Health Care Assistant vacancies

Tables 3a/b below report the trusts ward based whole time equivalent (wte) funded establishment versus contracted for February 2020 reported through the finance ledger.

HCA (band 2/3) vacancy:

The current balance of HCA (band 2 and 3) vacancies Trust wide in February 2020 is 46.50wte. When this is broken down into core inpatient ward areas, the figure is 30.68wte vacancies which is a reduction of 5.52wte against the previous month and is reported in Table 3a below. There is a pipeline of 17.64wte HCAs (band 2 and 3) to commence in Q4 2020 which will result in a balance of 13.04 ward based vacancies. Recruitment activity will continue to fill the remaining gaps including future attrition gaps.

Table 3a- Ward based band 2/3 HCA vacancies

Band 2/3	Funded wte	Contracted wte	Vacancy
Jan 20	263.96	227.49	36.47
Feb 20	264.92	234.24	30.68

Registered Nurse/Midwife (band 5) Vacancy:

The current number of band 5 RN vacancies is 139.55 wte with leavers in month across planned and urgent care Clinical Business Units. The committee is advised of 6.36 wte RNs in the pipeline to commence in post in February and March 2020.

Table 3b - Band 5 Registered Nurse vacancy

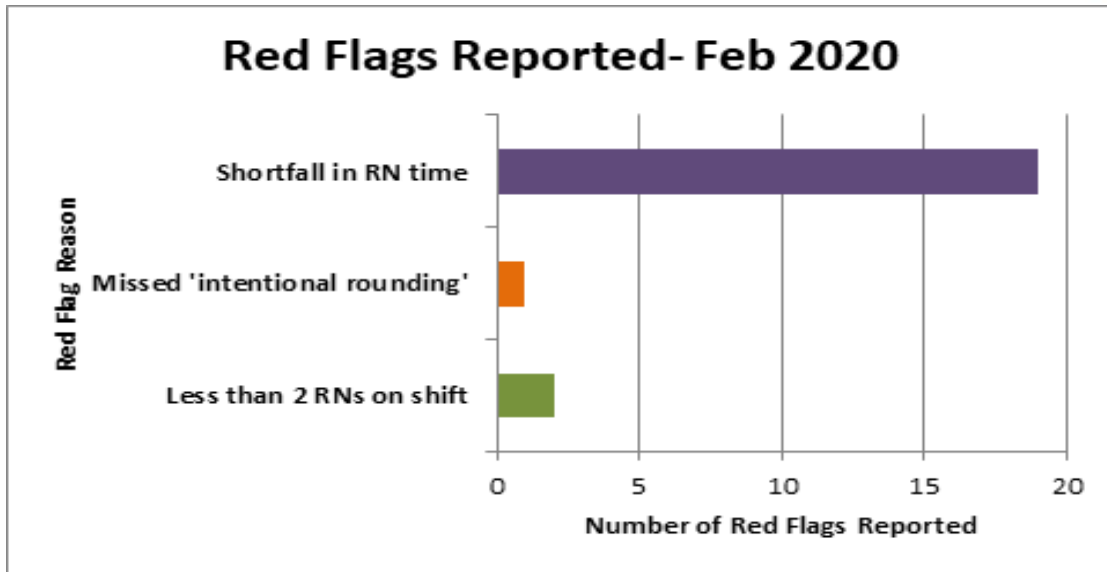
Band 5	Funded wte	Contracted wte	Vacancy
Jan 20	507.53	379.36	128.17
Feb 20	509.13	369.58	139.55

Workforce data demonstrates that since April 2019 – February 2020 there have been an average 4.95 wte band 5 starters per month and 4.44 wte leavers per month. Local generic recruitment events are booked for April 2020 with individual wards continuing to run bespoke additional recruitment campaigns to attract candidates within their area of speciality. Discussions continue with universities to scope increasing the number of local nursing students in training at the Trust in attempts to increase retention in the nursing workforce. The trust delivery against International Nursing recruitment is currently going through procurement processes following agreement at FPI and executive agreement.

5. Red Flag reporting

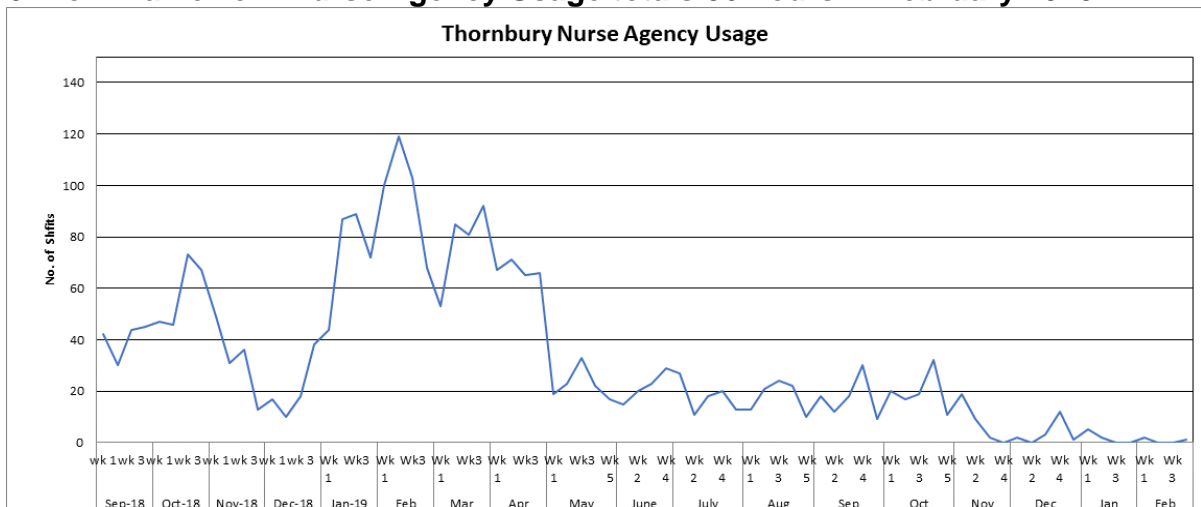
The committee is advised of the 22 red flags reported in February through Safecare and all have been appropriately escalated and managed.

Table 4-Nursing Red Flag reporting



26 incidents related to staffing were reported through datix in February 2020. 12 of these incidents highlight insufficient nurses/midwives or nurse shortfalls. None of these incidents resulted in harm to patients.

6. Non Framework Nurse Agency Usage totals 36 hours in February 2020



The Trust continues to proactively review and consider options for additional staffing resource as an interim and longer term substantive position inclusive of re-negotiation of reduced rates for block booking contracts supportive of current fill to day shifts.

Off framework agency use in February 2020 totals 36 hours is related to additional escalated bed capacity at a cost of £2557.

There remains a continued focus to align agency 'block booked' registered nurses to high vacancy areas within general ward areas to further support reducing non framework usage and provide continuity of care for patients. This is further aligned with ongoing review of ward rosters to support improved utilisation of our temporary workforce.

Workforce planning remains a key priority inclusive to alignment of The Talent for Care national strategic framework (to improve the education, training and development opportunities available to support workforce in bands 1-4). The next steps to date include:

- Meetings are being arranged with Academic Education Institutes (AEI's) to discuss future increase to the number of nursing student placements and TNA placements in line with the trust workforce plan to ensure a sustainable workforce
- Careers events with schools and colleges are forming part of the trusts engagement aligned to the talent for care initiatives. The trust supported recent attendance at West Lancashire College and the trust will consider how such events can be linked with HEI's via online/media portals during the current times.
- Development of a Nursing workforce tracker/predictor tool has commenced to demonstrate vacancy within each nursing role (band) and influence recruitment and retention needs.
- A review of nursing establishments is underway with additional focus on roster governance.
- Recruitment events are planned in for 2020. There are 17.64 wte HCAs and 6.36 wte RNs in the recruitment pipeline for March 2020. Some individual wards continue to run bespoke additional recruitment campaigns to attract candidates within the area of speciality.
- The process of authorisation of off framework agency use has been reviewed and further restricted. 36 hours has been utilised in February
- Paper presented at FP&I and executive approval to support proposed International Nurse Recruitment programme with an aim to reduce high cost agency spend. Procurement process has commenced in March 2020 to support recruitment to 72 RN's. .

7. Recommendations

The Board is asked to receive this paper and support the on-going plans to achieve and sustain compliance against Safe Staffing Plan.

Carol Fowler
Assistant Director of Nursing – Workforce

Appendix 1: Care Hours per Patient Day (CHPPD) – February 2020

Ward name	Speciality	Registered nurses-Day		Care Staff-Day		Registered nurses-Night		Care Staff-Night		Patients at 23:59 each day	Day		Night		Registered nurses	Care Staff	Overall	Red Flag	Comments
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)					
Ward 7A-SDGH	300 - GENERAL MEDICINE	1,378.25	1,270.50	1,543.00	1,264.75	1,014.00	1,023.50	1,401.50	1,029.00	784	92.18%	81.97%	100.94%	73.42%	2.9	2.9	5.9	Y	x1 (shortfall in RN Time)
A&E Observation Ward	180 - ACCIDENT & EMERGENCY	699.50	647.00	396.00	376.50	679.50	667.00	340.00	351.00	252	92.49%	95.08%	98.16%	103.24%	5.2	2.9	8.1		
10A - E A U	300 - GENERAL MEDICINE	1,581.00	1,396.75	1,385.50	1,278.50	1,023.50	993.50	1,024.50	992.00	561	88.35%	92.28%	97.07%	96.83%	4.3	4.0	8.3	Y	x1 (shortfall in RN Time)
9B - FEES Ward	300 - GENERAL MEDICINE	1,508.43	1,362.18	1,644.00	1,557.75	1,015.00	1,011.50	711.00	827.00	793	90.30%	94.75%	99.66%	116.32%	3.0	3.0	6.0		
Ward 11B-SDGH	300 - GENERAL MEDICINE	1,387.25	1,300.67	1,356.50	1,177.00	1,025.00	1,031.00	1,026.50	942.00	756	93.76%	86.77%	100.59%	91.77%	3.1	2.8	5.9	Y	x2 (shortfall in RN time)
Ward 14B-SDGH	300 - GENERAL MEDICINE	1,672.50	1,906.97	1,550.00	1,480.25	1,364.50	1,590.88	1,036.50	1,091.00	858	114.02%	95.50%	116.59%	105.26%	4.1	3.0	7.1	Y	x1 (shortfall in RN Time)
9A - Short Stay Unit	300 - GENERAL MEDICINE	1,377.75	1,276.48	1,587.00	1,333.25	1,028.00	1,095.50	1,365.50	992.50	796	92.65%	84.01%	106.57%	72.68%	3.0	2.9	5.9	Y	x2 (shortfall in RN time)
Ward 15a General Med	300 - GENERAL MEDICINE	1,492.75	1,318.75	1,662.75	1,172.00	1,020.25	1,029.25	1,029.50	1,037.00	683	88.34%	70.49%	100.88%	100.73%	3.4	3.2	6.7	Y	x1 (shortfall in RN Time)
15B - Stroke Ward	300 - GENERAL MEDICINE	1,216.25	1,202.83	1,494.73	1,173.73	1,021.33	995.33	691.50	679.00	541	98.90%	78.52%	97.45%	98.19%	4.1	3.4	7.5		
7B - Rehab	314 - REHABILITATION	1,605.92	1,282.25	1,880.00	1,937.33	1,010.50	1,032.50	1,097.50	1,138.50	768	79.85%	103.05%	102.18%	103.74%	3.0	4.0	7.0	Y	x9 (x7 shortfalls in RN time x2 less than 2 RN's on shift)
Ward 14A	110 - TRAUMA & ORTHOPAEDICS	1,747.50	1,603.00	2,354.25	1,896.50	1,037.00	1,035.00	1,381.00	1,258.50	844	91.73%	80.56%	99.81%	91.13%	3.1	3.7	6.9	Y	x2 (shortfall in RN time missed intentionaol rounding)
10B - Short Stay Surgical Unit	100 - GENERAL SURGERY	1,143.50	1,042.00	1,379.00	967.50	687.00	652.00	357.00	356.50	420	91.12%	70.16%	94.91%	99.86%	4.0	3.2	7.2		
Ward H	110 - TRAUMA & ORTHOPAEDICS	1,027.75	873.00	1,066.75	922.75	686.50	664.50	697.50	671.00	343	84.94%	86.50%	96.80%	96.20%	4.5	4.6	9.1		
11A - Surgical Ward	100 - GENERAL SURGERY	1,012.75	954.00	1,123.55	865.75	702.50	747.50	343.00	377.00	507	94.20%	77.05%	106.41%	109.91%	3.4	2.5	5.8	Y	x2 (shortfall in RN time)
Spinal Injuries Unit	400 - NEUROLOGY	3,317.25	2,859.83	3,284.25	2,637.25	2,687.00	2,475.00	1,408.75	1,250.75	907	86.21%	80.30%	92.11%	88.78%	5.9	4.3	10.2		
Ward G	100 - GENERAL SURGERY	689.00	403.00	696.00	375.50	692.00	512.50	11.50	200.50	136	58.49%	53.95%	74.06%		6.7	4.2	11.0		
Ward E	502 - GYNAECOLOGY	928.75	857.75	996.50	615.50	705.00	693.50	341.00	305.00	212	92.36%	61.77%	98.37%	89.44%	7.3	4.3	11.7		
ITU/CCU	192 - CRITICAL CARE MEDICINE	3,618.75	2,606.25	1,118.25	971.00	3,472.00	2,449.00	1,044.00	384.00	297	72.02%	86.83%	70.54%	36.78%	17.0	4.6	21.6		
Maternity Ward	501 - OBSTETRICS	3,198.33	2,983.83	1,343.05	957.08	578.00	588.00	1,030.50	958.50	391	93.29%	71.26%	101.73%	93.01%	9.1	4.9	14.0		
Neonatal Ward - ODGH	420 - PAEDIATRICS	1,130.75	1,047.00	264.00	137.50	1,116.00	1,057.25	0.00	0.00	216	92.59%	52.08%	94.74%	0.00%	9.7	0.6	10.4		
Paediatric Unit	420 - PAEDIATRICS	1,485.00	1,289.75	873.00	602.17	1,387.50	1,209.50	551.50	431.50	269	86.85%	68.98%	87.17%	78.24%	9.3	3.8	13.1		
TOTAL		33,218.93	29,483.79	28,998.08	23,699.56	23,952.08	22,553.71	16,889.75	15,272.25	11,334	88.76%	81.73%	94.16%	90.42%	4.6	3.4	8.0		

Ward name	Speciality	Registered nurses-Day		Care Staff-Day		Registered nurses-Night		Care Staff-Night		Patients at 23:59 each day	Day		Night		Registered nurses	Care Staff	Overall	Red Flag	Comments
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)					
A&E Nursing		3,940.33	3,880.33	2,426.00	1,894.00	3,392.00	3,395.75	1,038.50	718.75	0	98.48%	78.07%	100.11%	69.21%				Y	x1 (shortfall in RN time)
Ambulatory Care Unit		692.00	366.00	0.00	386.50	0.00	266.00	0.00	139.00	104	52.89%	57.17%	0.00%	0.00%					
Paediatric A&E		940.00	1,236.25	0.00	0.00	887.50	975.00	0.00	0.00	0	131.52%	0.00%	109.86%	0.00%					
TOTAL		5,572.33	5,482.58	3,102.00	2,280.50	4,279.50	4,636.75	1,038.50	857.75	104	88.39%	73.52%	108.35%	82.60%	N/A	N/A	N/A		

Ward name	Speciality	Registered nurses-Day		Care Staff-Day		Registered nurses-Night		Care Staff-Night		Patients at 23:59 each day	Day		Night		Registered nurses	Care Staff	Overall	Red Flag	Comments
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)					
PLANNED		13,485.25	11,198.83	12,018.55	9,251.75	10,669.00	9,229.00	5,583.75	4,803.25	3,666	83.05%	76.98%	86.50%	86.02%	5.6	3.8	9.4		
URGENT		13,919.60	12,964.38	14,499.48	12,751.06	10,201.58	10,469.96	9,724.00	9,079.00	6792	93.14%	87.94%	102.63%	93.37%	3.5	3.2	6.7		
WBC		5,814.08	5,320.58	2,480.05	1,696.75	3,081.50	2,854.75	1,582.00	1,390.00	876	91.51%	68.42%	92.64%	87.86%	9.3	3.5	12.9		
TRUST TOTALS		33,218.93	29,483.79	28,998.08	23,699.56	23,952.08	22,553.71	16,889.75	15,272.25	11,334	88.76%	81.73%	94.16%	90.42%	4.6	3.4	8.0		

Green- 80% and above
Red- Under 80%

Title of Meeting	BOARD OF DIRECTORS	Date	1 APRIL 2020
Agenda Item	TB043/20d	FOI Exempt	NO
Report Title	CQC UPDATE		
Executive Lead	Bridget Lees, Director of Nursing, Midwifery, Therapy & Governance		
Lead Officer	Jo Simpson, Assistant Director of Quality		
Action Required	<input type="checkbox"/> To Approve <input checked="" type="checkbox"/> To Assure	<input type="checkbox"/> To Note <input type="checkbox"/> To Receive	
Purpose			
<p>The purpose of this report is to inform the Quality & Safety Committee about the development and progress of the CQC Improvement Plan following the publication of the CQC Inspection Report on 29 November 2019. This report also outlines the governance arrangements and assurance processes going forward to ensure a continuous cycle of sustainable improvement.</p>			
Executive Summary			
<p>Of the 31 'Must Do' regulatory actions, 8 have been completed (Green), 23 are on track to deliver (Amber) and zero are not progressing to plan (Red). The report outlines the measures being taken to deliver the actions and how the Trust will demonstrate the changes have been embedded and sustained and for the actions not progressing to plan, what mitigation has been put in place to ensure patient safety.</p> <p>The CQC Improvement Plan at Appendix A outlines actions to be taken, measures / evidence and timescales for delivery for each 'Must Do' action.</p> <p>Progress against the 'Should Do's' will be reported to Board on a quarterly basis, the first report will be presented to Board in May 2020 and will follow the same assurance. Monitoring and reporting process.</p>			
Recommendations			
<p>The Board are asked to note:</p> <ul style="list-style-type: none"> • They key actions arising from the recent CQC inspection • That an improvement plan has been developed in response to the findings and shared with the CQC • Progress against the CQC improvement plan 			
Previously Considered By:			
✓ Quality and Safety Committee			
Strategic Objectives			
✓ SO1 Improve clinical outcomes and patient safety to ensure we deliver high quality services			
✓ SO2 Deliver services that meet NHS constitutional and regulatory standards			
✓ SO5 Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values			
Prepared By:		Presented By:	
Jo Simpson, Assistant Director of Quality		Bridget Lees	

CQC Update March 2020

1. PURPOSE OF REPORT

The purpose of this report is to inform the Trust Board about the progress of the CQC Improvement Plan following the publication of the CQC Inspection Report on 29 November 2019 and was rated as Required Improvement (RI). This report also outlines the assurance processes going forward to ensure a continuous cycle of sustainable improvement.

2. EXECUTIVE SUMMARY

There were 31 identified ‘must do’ actions relating to beaches of regulation and 92 actions the CQC recommend we ‘should do’ as considerations to further support compliance. Appendix A includes the latest Must Do action plan and detail to date. Progress against the A full action plan including the Should Do’s will be reported to Board on a quarterly basis, the first report will be presented in May 2020 in line with the new cycle of business.

Trust Must Do BRAG ratings

Rating	Feb 20	Mar 20
Delivered and Sustained	0	0
Action Completed	4	8
On Track to Deliver	25	23
No Progress / Not Progressing to Plan	2	0
Total	31	31

*March 2020 subject to Quality Assurance Panel final agreement

Actions Completed & Sustained

In addition to the completed actions last month, the following Must Do actions are moving into ‘Actions Completed & Sustained’.

- 111 (2019) - **The Trust must ensure that emergency equipment is checked regularly, recorded accurately and replaced appropriately, in line with trust policy. (Accident and Emergency).** Electronic resuscitation checks are in place and compliant, but is being extended to other trolleys in ED so will be signed off once complete.
- 78 (2019) - **The trust must ensure that all staff completes mandatory training requirements (Surgery).** Levels of mandatory training in planned care have exceeded target 85% at 87%, trajectories have been set for role specific mandatory training and compliance. There are still some gaps in paediatric resuscitation support training, this is currently on target to be achieved in April 2020.

- 41 & 87 (2019) - **The Trust must ensure patient records are stored securely in all areas (Medicine and Trust wide)** – Order placed for new locks and trolleys for non-compliant wards and clinical areas. Integrated Governance (IG) Team continue to complete monthly compliance audits, the January and February 2020 audits have demonstrated improvements primarily due to ward refurbishment and medical records being held in the Multi-Disciplinary Team (MDT) rooms. The IG Team continue to work with staff in the wards and clinical areas to promote the importance of IG compliance. IG mandatory training compliance is green at 89%, all three CBUs are above target IG training compliance. If the results of the next compliance audits continue to demonstrate improvement, these actions will move to Blue in April 2020
- 49(2019) - **The Trust must ensure that substances that are hazardous to health are locked away safely. It must ensure it acts on patient safety alerts to securely store superabsorbent polymer gel granules:** COSHH cupboards in place for every ward and clinical area across both sites, monthly spot checks by the Health and Safety Team across the Trust to ensure COSHH related substances are being stored securely and are not accessible to vulnerable patients. The last audit was completed February 2020 showing varying compliance the Health & Safety Manager is providing refresher training as part of the Health & Safety programme. If the results of the next compliance audits continue to demonstrate improvement, these actions will move to Blue in April 2020

On Track to Deliver

- 39 (2019) - **The Trust must ensure that patients' privacy and dignity is maintained at all times (Medicine).** A "SO Proud" visit in relation to 'privacy and dignity' is taking place in March 2020 for all Medicine Core Service wards and clinical areas. Six out of the 11 wards and clinical areas have had their SONNAS reviews. In person centred care (Care standard 11) related to privacy and dignity, all wards have scored silver or higher with the exception of ward 9b. There have not been any complaints in relation to privacy and dignity within the medicine core service. The Matrons responsible for the Medical Core Services wards are also completing the 15 Steps Challenge on each other's wards and sharing feedback and best practice.
- 96 (2019) - **The Trust must ensure that staff are competent for their roles and that competency records are maintained for staff.** A Trust wide Clinical Competency Working Group has been established. The group is developing a clinical competency assurance framework whereby all clinical staff are aware of their role and clinical responsibilities and have sufficient resource and opportunities to keep them up to date. There is a current focus on the training needs assessment (TNA) for Band 5 Nurses based on the Top 10 risks that the Nursing Team has identified.
- 81(2019) - **The Trust must ensure that oxygen is prescribed and administered appropriately.** Audit has been completed, results are being analysed and action developed, improvements have already been identified including changing the prescription chart to ensure that if oxygen is prescribed and administered it is clearly marked.
- 110 (2019) - **The Trust must ensure that the risks to the health and safety of service users are assessed and that all is done to mitigate any such risks.** Audit of risk assessments has been undertaken, staff training and awareness sessions regarding completing risk assessments.

Not Progressing to Plan / Risks to Delivery

- 01 (2019) - **The Trust must ensure that every child is seen by a consultant paediatrician within 14 hours.**

- 07 (2019) - **The Trust must ensure that there are enough medical staff to meet the needs of the service, particularly at consultant level.**
The Core Service is still awaiting feedback on whether approval has been given to progress with a Statement of Case for additional consultant paediatricians. However, the BRAG rating has been changed from Red to Amber (subject to Quality Assurance Panel agreement). A review of any children not seen within 14 hrs has been completed and has found no harms have occurred and no Serious Incidents (SIs) have been reported to date in 2020.
- 90 (2019) - **The trust must ensure that all policies are reviewed in a timely way.**
There are still a number of policies awaiting ratification at the Policy Review Group (PRG), the Interim Associate Director of Corporate Governance (ADCG) is reviewing ratification and assurance process to re-establish a trajectory.
- 42, 53, 75, 86 (2019) – **Four actions relating to consent, documentation for Mental Capacity Act Deprivation of Liberty safeguards and do not attempt cardiopulmonary resuscitation plans.** Working group has been established with nursing, medical, safeguarding, resuscitation team and hospice representation. Safeguarding training compliance has increased in Quarter 3, the working group are developing ward based audits of documentation and providing face to face refresher training with staff in their clinical area.

Supporting Progress

Medicine Management

- 98 (2019) **The Trust must address the Hospital Pharmacy Transformation Plan (HPTP) in a timely manner.** Work is ongoing to deliver against the standards outlined in the HPTP:
 - Business case approved for 13 additional front line pharmacy staff, 4 appointed and 8 in recruitment, aim to complete by June 2020. Pilot has been completed on ward 7a for medicines administration technician and pilot in progress on ward 14a for ward based technician
 - EPMA – project manager has been appointed
 - Enhanced weekend working for pharmacy, model developed, staff engagement and JNC sign off and initial review of staff engagement complete. Pharmacy have currently extended their working hours at weekend to 4pm. On track to introduce clinical service by September 2020.
- 99 (2019) **The trust must become compliant with the Falsification of Medicines Directive (FMD) 2 phases:**
 - Phase 1 – scanners and software purchased
 - Phase 2 – replacement automation in capital plan 2020/21
On track to implement FMD compliance by June 2020, with relocation of procurement, dispensary and stores at SDGH by March 2021.
- 101 (2019) **The trust must produce a clearer vision for medicines optimisation across the trust and resolve immediate medicines optimisation issues identified during our inspection, (this relates to all the assurance documents).** The vision for medicines optimisation across the trust is the HPTP, work has been undertaken to ensure staff have been involved in and share the vision. In order to evidence this an audit is required to show this has been embedded within the team.

- 82 (2019) **The Trust must ensure staff respond appropriately to fridge and environmental temperatures outside of accepted safe ranges.**
- 56 (2019) **The trust must ensure the proper and safe management of medicines. The trust must ensure all medications are within their expiry dates. They must ensure controlled drugs are prescribed and supplied to patients in adherence with the legal requirements.**

We are currently 100% compliant with expiry dates of medication throughout the trust. New resuscitation trolleys have been introduced throughout the Trust with an electronic checklist. Monitoring systems in place to measure and check fridge and room temperatures with a standard operating procedure for escalating issues. In order to evidence compliance a spot check audit will be completed to show this has been embedded and sustained.

Resuscitation Training - Training Needs Analysis (TNA) have been reviewed at all levels to ensure all staff are receiving a level of resuscitation training which is appropriate and relevant for their role. Changes have been made and staff are advised to access ESR from Wednesday 1st April 2020 to identify if any changes have been made to their current level of training. For Paediatric Immediate Life Support (pILS) (CQC Must and Should Do), the resuscitation team have collaborated with a Practice Development Sister from Paediatrics and commenced delivery of pILS courses from January 2020. This has enabled a multidisciplinary approach within the classroom and facilitated enhanced learning from experience. In December 2019, the team were able to upgrade and expand the manikins required to deliver training after receiving funding from the Organisation. The team are currently reviewing ways in which they can be used outside of the training room so that staff have the opportunity to refresh their skills between annual training renewals.

Perfect Ward - To support continuous improvement cycle, the Trust has secured funding to purchase a smart inspection App (Perfect Ward) which will help the Trust get the most of quality and clinical area audits. It will provide automated, real time reporting, everyone can immediately see where they are doing well and what needs to improve. Perfect Ward will support the progress of actions within the CQC improvement plan and provide real time evidence of improvement.

3. RECOMMENDATIONS & NEXT STEPS

Trust Board are asked to note:

- They key actions arising from the recent CQC inspection
- That an improvement plan has been developed in response to the findings and shared with the CQC
- Progress against the CQC improvement plan

APPENDIX A

Ref No	Core Service	Regulation No	Must Do / Should Do	Domain	New Theme	Area for improvement	Actions to be delivered	Measure / Evidence	Timescales	Assurance Group	RAG	Proposed RAG	Lead
01 (2019)	Children & Young People	Regulation 12(2)(a)	Must Do	Safe	7 Day Services	The trust must ensure that every child is seen by a consultant paediatrician within 14 hours	<ul style="list-style-type: none"> Review supporting workforce to understand options regarding service delivery, report findings to inform business planning cycle Monthly audit of clinical records to assure children not seen in timeframe are not compromised Review number of incidents 	<ul style="list-style-type: none"> Statement of case completed including QIA Annual business cycle Monthly Audit completed and presented at CBU Governance forums Reduction in number of incidents 	<ul style="list-style-type: none"> Feb 2020 	<ul style="list-style-type: none"> Performance Review Board CBU Governance meetings 	Red	Yellow	MD
03 (2019)	Children & Young People	Regulations 12(1)(2)(e); 17(2)(b)	Must Do	Safe	Resus	The trust must ensure that resuscitation trolleys contain the right equipment, which is in date and checked thoroughly and regularly according to trust policy	<ul style="list-style-type: none"> Electronic resus trolley checks in place and can be accessed at any time and audited monthly, results discussed at daily huddle 	<ul style="list-style-type: none"> Compliance reports and alerts from electronic checklist Monthly audits 	<ul style="list-style-type: none"> Jan-20 - completed 	<ul style="list-style-type: none"> CBU Governance Meetings Performance Review Board Resuscitation Committee 	Green	Green	DON
11 (2019)	Children & Young People	Regulation 18(2)(a)	Must Do	Safe	Mandatory Training	The trust must ensure that all staff members attend mandatory training, and that compliance for resuscitation training is improved, particularly for medical staff.	<ul style="list-style-type: none"> Ascertain compliance for both medical and nursing staff in individual areas - targeting levels of low compliance immediately Set trajectories with key leads to improve compliance TNAs to be reviewed to ensure staff are aligned to the correct level of training (to be completed by the resuscitation team). Additional training dates to be made available for Jan / Feb-20. 	<ul style="list-style-type: none"> Mandatory Training Compliance targets achieved Reports showing compliance against all levels of resuscitation training to be circulated to all ward / dept. managers to ensure staff awareness and bookings completed to achieve compliance. Discussed through appraisal meetings 	<ul style="list-style-type: none"> Apr-20 	<ul style="list-style-type: none"> CBU Governance Committee Performance Review Board Resuscitation Committee Workforce Committee 	Yellow	Yellow	HRDD
16 (2019)	Children & Young People	Regulation 18(1)	Must Do	Safe	Staffing	The trust must ensure that there are enough medical staff to meet the needs of the service, particularly at consultant level.	<ul style="list-style-type: none"> Recruit into Consultant Paediatrician for Community Review supporting workforce to understand options regarding service delivery, report findings to inform business planning cycle Monthly audit of clinical records to assure children not seen in timeframe are not compromised Review number of incidents 	<ul style="list-style-type: none"> Undertaken review of SLA Recruitment for Consultant Paediatrician for Community underway - (discuss in April panel) Statement of case completed including QIA Annual business cycle 	<ul style="list-style-type: none"> Feb-20 Feb-20 Feb-20 	<ul style="list-style-type: none"> Performance Review Board 	Red	Yellow	MD
39 (2019)	Medicine	Regulation 10 (2)(a)	Must Do	Caring	Privacy & Dignity	The trust must ensure that patients' privacy and dignity is maintained at all times.	<ul style="list-style-type: none"> Immediate Action taken at the time as outlined in Letter Dated 3rd September 2019 <u>Ongoing Assurance measures</u> Rollout SONAAS accreditation Scheme across all adult inpatient areas SONAAS action plans to be implemented and monitored. Peer review of Patient experience at the organisation to evaluate level of corroboration of intelligence to demonstrate continual improvement Related ongoing National and Local survey results to be actioned. Endopapalysia education to patients and families to provide patients own clothes. 	<ul style="list-style-type: none"> Over-all Measure of Success Intelligence will be corroborated and reported from a number of sources (e.g. below) to evaluate Privacy and Dignity as part of Patient Experience Strategy for the Trust complaints and themes PLACE Audit Inpatient Survey Results Friends and Family Test Complaints/Concerns Matron Checklist SONAAS Care Standard 11 Healthwatch Survey reports Go See visits by Quality Team, findings to be reported directly to Ward Managers and Heads of Nursing 	<ul style="list-style-type: none"> SONAAS Accreditation Rollout by Mar-20 NHS Leadership Patient Experience Lead 1 day a week commencing Jan-20 Evaluation of Patient Experience at the Trust Feb-20 Go see visits to be agreed and dates diarised from Jan-20 in preparation for the Mock CQC programme for Medicine core service commencing Apr-20 	<ul style="list-style-type: none"> CBU Governance meetings 	Yellow	Yellow	DON
41 (2019)	Medicine	Regulation 17 (2)(c)	Must Do	Safe	Documentation	The trust must ensure patient records are stored securely in all areas.	<ul style="list-style-type: none"> Complete audit of Record trolleys in all clinical areas Action any findings through procurement to replace any records trolleys that are not fit for purpose Ongoing Audit programme to provide assurance SOP to be created in conjunction with medical records, ward staff and matrons concerning the correct use and storage of patient information. 	<ul style="list-style-type: none"> Audit completion of records trolleys Develop business case for any replacement trolleys Audit of Compliance reported to information Governance 	<ul style="list-style-type: none"> Dec 19 audit completed Feb 20 Order Feb 20 Audits reported bi-monthly to Information Governance Steering Group - next due Feb-20 	<ul style="list-style-type: none"> Information Governance Steering Group CBU Governance meetings Performance Review Board 	Yellow	Green	DF
42 (2019)	Medicine	Regulation 17 (2)(c)	Must Do	Effective	Safeguarding / Mandatory Training	The trust must ensure care and treatment of patients is provided with their consent. They must ensure when patients lack capacity to consent staff complete a capacity assessment in line with legislation, especially when using do not attempt resuscitation orders.	<ul style="list-style-type: none"> Safeguarding training to be delivered to all AHP/Nurses/doctors regarding capacity. Review TNA ensure all identified staff complete the blended learning mental capacity training (MCA) CBUs to monitor their (MCA) training compliance at Governance meetings If compliance not achieved the CBU provides assurance of improving compliance and a trajectory to the Safeguarding Assurance Board Safeguarding team to ensure that mental capacity training is included in other relevant training programmes Awareness sessions regarding DNACPR and capacity to be undertaken for medics Review audit cycle 	<ul style="list-style-type: none"> Achievement and sustaining the 90% compliance for MCA training Trajectory for training with action plan in place Each CBU achieve and sustain 90% compliance Safeguarding training compliance part of Performance Review Panel Board Pack Attendance of CBU representation at Safeguarding Committees Content of Safeguarding training includes mental capacity Quarterly audit of the number of completed 2 stage capacity assessments prior to deprivation of liberty application Delivery of awareness sessions regarding DNACPR and capacity to be undertaken for medics 	<ul style="list-style-type: none"> Apr-20 for training actions April-20 	<ul style="list-style-type: none"> Safeguarding & Assurance Group Clinical Effectiveness Committee 	Yellow	Yellow	DON / MD
44 (2019)	Medicine	Regulation 17 (2)(a)	Must Do	Well Led	Governance	The trust must ensure local governance process address areas of poor practice.	<ul style="list-style-type: none"> Complaints to be completed within the 40 day timescale RCA's will be completed within the 60 day timescale Learning from complaints and RCA's will be shared with areas Audits to measure changes in practice will be implemented RCA's to be completed within 60 day deadline Review of governance structure and accountability within CBU 	<ul style="list-style-type: none"> Complaint Timescales reporting Evidence of Audit reporting and actions within CBU Governance Arrangements RCA's with timescales reporting delivered within 60 day timescale Governance restructure options in place underpinned by an accountability framework 	<ul style="list-style-type: none"> Complaint 40 day timescale June-20 RCA's compliant by June-20 Learning from complaints(to follow straight after complaint response) June-20 	<ul style="list-style-type: none"> CBU Governance Committees Performance Review Board, 	Yellow	Yellow	DON
45 (2019)	Medicine	Regulation 17 (2)(a)(b)	Must Do	Well Led	Governance	The trust must ensure it has effective systems to manage risk and performance. It must ensure actions are taken to mitigate against known risks and audits of service performance are consistent and provide relevant information to improve services.	<ul style="list-style-type: none"> Put additional support in place to streamline processes to ensure there are effective governance systems in place relating to :- risk registers (mitigation of risks, gaps in controls) weekly patient safety meetings to discuss incidents, complaints Review of daily, weekly and monthly ward checklists Improve the performance management system in relation to the ward checklists Improve attendance at Mortality and Morbidity meetings Appraise the market for real-time audit and performance checklists to improve consistency and deliver of improvements Re-assessment of core service of Medicine using KDOE methodology 	<ul style="list-style-type: none"> Additional Resource will be in place Metrics related to risk and performance will reach the required standard included in Must do related to complaints. In addition :- * risk registers (mitigation of risks, gaps in controls) weekly patient safety meetings to discuss incidents, complaints Review of daily, weekly and monthly ward checklists Improve the performance management system in relation to the ward checklists Improve attendance at Mortality and Morbidity meetings An effective system will be in place to monitor performance which is reported upon through effective governance arrangements ward to board Mock CQC inspection will be completed and there will be improvement in well-led domain evidenced with improvements outlined 	<ul style="list-style-type: none"> Additional Support Feb-20 Metrics Mar-20 Effective Systems Mar-20 Mock CQC programme for Medicine core service commencing Apr-20 	<ul style="list-style-type: none"> Quality Assurance Panels CBU Governance meetings Performance Review Board 	Yellow	Yellow	DON

Ref No	Core Service	Regulation No	Must Do / Should Do	Domain	New Theme	Area for improvement	Actions to be delivered	Measure / Evidence	Timescales	Assurance Group	RAG	Proposed RAG	Lead
49 (2019)	Medicine	Regulation 12 (2)(b)	Must Do	Safe	Health & Safety	The trust must ensure that substances that are hazardous to health are locked away safely. It must ensure it acts on patient safety alerts to securely store superabsorbent polymer gel granules.	<ul style="list-style-type: none"> • COSHH cupboards ordered and fitted in all wards and clinical areas • COSHH files including alerts to be held in wards and clinical areas • Re-circulation of PSA 2017 003 related to ingestion of Polymar gel granules • COSHH assessors in place for each ward • Provide bespoke training for COSHH assessors • Audit programme of COSHH inspections by designated H&S Officer • Complete risk assessment for all wards and clinical areas • Produce a Trust Wide COSHH database with Manufacturers Safety Data Sheets (SDS) and completed COSHH assessments for all areas • Provide risk COSHH assessment training to all staff undertaking environmental risk assessment 	<ul style="list-style-type: none"> • COSHH cupboard in place • Files availability assessed a part of H&S monthly audit • Circulation evidenced via communication tools used • Assessors named for each ward/department • Audit results presented as part of audit cycle • Completed risk assessments evaluated by designated trust H&S lead • Database in place with both SDS and risk assessments • Produce training package and schedule of dates to undertake the training • Produce training package and schedule of dates to undertake the training 	<ul style="list-style-type: none"> • Nov 2019 - complete • Feb 20 • Dec 19 - complete • Jan 20 - complete • Jan 20 - complete • Feb 20 • Feb 20 	<ul style="list-style-type: none"> • Health and Safety Committee 			DCEO
51 (2019)	Medicine	Regulation 12 (2)(h)	Must Do	Safe	IPC	The trust must ensure that all staff use appropriate infection prevention and control measures, in line with trust policy, especially when providing care and treatment to patients with identified infections in side rooms.	<ul style="list-style-type: none"> • Immediate actions taken (see letter dated 3rd September 2019) • Signage to be bought for Southport Site • Three monthly audits in place - reported as part of the IPC monthly report • Audit reporting to be embedded into IPC governance process • Signage to be bought for Ormskirk Site 	<ul style="list-style-type: none"> • Signage in place • Audits in place and being reported monthly • IPC and audit programme • Signage in place 	<ul style="list-style-type: none"> • Sep 19 - complete • Jul 19 - complete • Dec 19 - complete • Feb 20 • Feb 20 	<ul style="list-style-type: none"> • CBU Governance meetings • Performance Review Board • IPC Committee 			MD
53 (2019)	Medicine	Regulation 13 (6)(d)(7)(b)	Must Do	Effective	Safeguarding or Mandatory Training	The trust must ensure staff complete a capacity assessment before depriving patients of their liberty and ensure they do not restrict patient's liberty of movement without legal authority.	<ul style="list-style-type: none"> • Safeguarding training to be delivered to all eligible AHP/Nurses/doctors regarding capacity and Dols • All relevant staff, as per the trusts TNA, to complete the blended learning mental capacity training • Each CBU to monitor their training compliance • When compliance not achieved the CBU provides assurance of improving compliance and a trajectory at the Safeguarding Assurance Board • Safeguarding team to ensure that mental capacity training is included in other relevant training programmes • Review audit cycle 	<ul style="list-style-type: none"> • Trajectory for training with action plan in place • Each CBU achieve and sustain 90% compliance • Safeguarding training compliance part of Performance Review Panel Board Pack • Attendance of CBU representation at Safeguarding Committees • Content of Safeguarding training includes mental capacity • Quartile audit of the number of completed 2 stage capacity assessments prior to deprivation of liberty application 	<ul style="list-style-type: none"> • Feb 20 • Apr 20 • Feb 20 • Apr 20 • June 20 	<ul style="list-style-type: none"> • Safeguarding Assurance Board • Performance Review Board 			DON
62 (2019)	Medicine	Regulation 18 (2)(C)	Must Do	Safe	Staffing	The trust must deploy sufficient nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.	<ul style="list-style-type: none"> • Daily staffing to be reviewed by HON and matrons to ensure staffing is safe • Weekend staffing review to be undertaken on Friday • Corporate nursing to complete 6 monthly staffing review of areas to ensure patient dependency matches the establishment • Staff to complete data where short falls in staffing are happening • Develop a long term nursing workforce plan (including overseas and Home Grown initiatives) 	<ul style="list-style-type: none"> • Staffing templates to be completed • Weekend matron rota • Safer Nursing Care Tool review six months 	<ul style="list-style-type: none"> • Aug-19 • May-20 	<ul style="list-style-type: none"> • CBU Governance Committees • Performance Review Board • Workforce Committee 			DON
72 (2019)	Surgery	Regulation 12	Must Do	Effective	Equipment Checks	The trust must ensure that all safety checks are completed in theatre in line with national guidance.	<ul style="list-style-type: none"> • Continue to review WHO audit compliance • Identify areas for improvement, share good practice • Relevant action from the audits to be embedded in practice. 	<ul style="list-style-type: none"> • Increase WHO audit compliance to 100% • Spot checks to be conducted by Matron 	<ul style="list-style-type: none"> • Mar 20 	<ul style="list-style-type: none"> • Theatre Clinical Governance • CBU Clinical Governance • Performance Review Board 			DON
75 (2019)	Surgery	Regulation 17(2)(C)	Must Do	Effective	Safeguarding	The trust must ensure that all staff can complete documentation for Mental Capacity Act Deprivation of Liberty safeguards and do not attempt cardiopulmonary resuscitation plans appropriately.	<ul style="list-style-type: none"> • Safeguarding training to be delivered to all AHP/Nurses/doctors regarding capacity. • Review TNA ensure all identified staff complete the blended learning mental capacity training (MCA) • CBUs to monitor their (MCA) training compliance at Governance meetings • If compliance not achieved the CBU provides assurance of improving compliance and a trajectory to the Safeguarding Assurance Board • Safeguarding team to ensure that mental capacity training is included in other relevant training programmes • Awareness sessions regarding DNACPR and capacity to be undertaken for medics • Review audit cycle 	<ul style="list-style-type: none"> • Trajectory for training with action plan in place • Each CBU achieve and sustain 90% compliance • Safeguarding training compliance part of Performance Review Panel Board Pack • Attendance of CBU representation at Safeguarding Committees • Content of Safeguarding training includes mental capacity • Quartile audit of the number of completed 2 stage capacity assessments prior to deprivation of liberty application 	<ul style="list-style-type: none"> • Apr-20 for training actions • Apr-20 • Jun-20 	<ul style="list-style-type: none"> • CBU Clinical Governance • Performance Review Board • Workforce Committee 			DON
78 (2019)	Surgery	Regulation 12(2)(C)	Must Do	Safe	Mandatory Training	The trust must ensure that all staff completes mandatory training requirements.	<ul style="list-style-type: none"> • Ascertain compliance for all staff in individual areas - targeting levels of low compliance immediately • Set trajectories with key leads to improve compliance • TNAs to be reviewed to ensure staff are aligned to the correct level of training. 	<ul style="list-style-type: none"> • Mandatory Training Compliance targets achieved • Reports showing compliance against all levels of Mandatory Training to be circulated to all ward / dept. managers to ensure staff awareness and bookings completed to achieve compliance. 	<ul style="list-style-type: none"> • Apr-20 	<ul style="list-style-type: none"> • Theatre Clinical Governance • CBU Clinical Governance • Performance Review Board • Workforce Committee 			HRDD
79 (2019)	Surgery	Regulation 12(2)(C)	Must Do	Safe	Mandatory Training	The trust must ensure that theatre staff, supporting the urgent and emergency department are trained to support paediatric patients.	<ul style="list-style-type: none"> • TNA to be completed • Training dates to be circulated and all staff to be booked on the training based on their individual TNA. • Trajectory for staff to be trained in Paediatric Life Support. 	<ul style="list-style-type: none"> • Training Compliance targets achieved • Reports showing compliance against paediatric levels of resuscitation training to be circulated to all ward / dept. managers to ensure staff awareness and bookings completed to achieve compliance. 	<ul style="list-style-type: none"> • Apr-20 	<ul style="list-style-type: none"> • Theatre Clinical Governance • CBU Clinical Governance • Performance Review Board • Resuscitation Committee • Workforce Committee 			DON
81 (2019)	Surgery	Regulation 12 (2)(g)	Must Do	Safe	Medicines Management	The trust must ensure that oxygen is prescribed and administered appropriately.	<ul style="list-style-type: none"> • Oxygen Audit to be completed and action plan to be developed and reported to Clinical Audit Group and incorporated into Medicines Management Quality Improvement Plan 	<ul style="list-style-type: none"> • All Oxygen unless given in an emergency is prescribed on the prescription charts. • All Oxygen is administered correctly as assessed by?? 	<ul style="list-style-type: none"> • Mar-20 - Audit to be completed • Jun -20 - Re Audit / improvement 	<ul style="list-style-type: none"> • CBU Governance meetings • Performance Review Board • Clinical Audit Group • Drugs and therapeutics committee 			MD
86 (2019)	Trust Wide	Regulation 17(2)(C)	Must Do	Effective	Documentation	The trust must improve its record keeping in relation to 'Do Not Attempt Cardio-pulmonary Resuscitation' orders and capacity assessments.	<ul style="list-style-type: none"> • Review TNA ensure all identified staff complete the blended learning mental capacity training (MCA) • CBUs to monitor their (MCA) training compliance at Governance meetings • Awareness sessions regarding DNACPR and capacity to be undertaken for medics 	<ul style="list-style-type: none"> • Achievement and sustaining the 90% compliance for MCA training • Trajectory for training with action plan in place • Each CBU achieve and sustain 90% compliance • Safeguarding training compliance part of Performance Review Panel Board Pack • Attendance of CBU representation at Safeguarding Committees • Content of Safeguarding training includes mental capacity • Quartile audit of the number of completed 2 stage capacity 	<ul style="list-style-type: none"> • Feb-20 • Feb-20 	<ul style="list-style-type: none"> • CBU Governance meetings • Performance Review Board • Resus Committee 			MD

Ref No	Core Service	Regulation No	Must Do / Should Do	Domain	New Theme	Area for improvement	Actions to be delivered	Measure / Evidence	Timescales	Assurance Group	RAG	Proposed RAG	Lead
87 (2019)	Trust Wide	Regulation 17(2)(d)	Must Do	Safe	Documentation	The trust must ensure that records are securely stored.	<ul style="list-style-type: none"> Audit completion of records trolleys Develop business case for any replacement parts eg locks so that kit is fit for purpose Audit of Compliance reported to Information Governance 	<ul style="list-style-type: none"> Completed Audit Completion of business case for replacement parts eg locks so that kit is fit for purpose Improved compliance with bi-monthly trolley audits 	<ul style="list-style-type: none"> Dec 19 audit completed Feb 20 Order Feb 20 Audits reported bi-monthly to Information Governance Steering Group - next due Feb-20 	<ul style="list-style-type: none"> Information Governance Steering Group CBU Governance Meetings 			DF
90 (2019)	Trust Wide	Regulation 17(2)(a)	Must Do	Effective	Governance	The trust must ensure that all policies are reviewed a timely way.	<ul style="list-style-type: none"> A change of process is underway which will include transferring policy management to the Associate Director of Corporate Governance (ADCG) Undertake a review of the: <ul style="list-style-type: none"> Policy ratification process PRG composition and ToR Overall management of policies Develop new reporting process by the Assistant to the ADCG who start with the Trust in mid Jan 20. 	<ul style="list-style-type: none"> Robust monitoring assurance process in relation to policies No out of date policies 	<ul style="list-style-type: none"> Apr-20 	<ul style="list-style-type: none"> Risk & Compliance Committee Performance Review Board 			COSEC
86 (2019)	Trust Wide	Regulations 17(2)(d);18(2)(a)	Must Do	Safe	Staffing	The trust must ensure that staff are competent for their roles and that competency records are maintained for staff.	<ul style="list-style-type: none"> Developed a robust system and process to monitor and report staff competencies Establish mandatory training task and finish group Ascertain compliance for all staff in individual areas - targeting levels of low compliance immediately Set trajectories with key leads to improve compliance TNAs to be reviewed to ensure staff are aligned to the correct level of training. 	<ul style="list-style-type: none"> Effective monitoring process in place for staff competencies Mandatory Training Compliance targets achieved Reports showing compliance against all levels of Mandatory Training to be circulated to all ward / dept. managers to ensure staff awareness and bookings completed to achieve compliance. 	<ul style="list-style-type: none"> Jun-20 	<ul style="list-style-type: none"> CBU Governance meetings Performance Review Board Workforce Committee 			HR0D
110 (2019)	Urgent & Emergency Care	Regulation 12 (2)(b)	Must Do	Safe	Health & Safety	The trust must ensure that the risks to the health and safety of service users are assessed and that all is done to mitigate any such risks.	<ul style="list-style-type: none"> Audit of patient risk assessment documentation Staff training and awareness sessions regarding completing risk assessments 	<ul style="list-style-type: none"> Completion of monthly audits Spotchecks by Matron Staff awareness sessions / training at daily huddles Review of current documentation 	<ul style="list-style-type: none"> Jan 20 (monthly) Mar 20 Apr 20 	<ul style="list-style-type: none"> CBU Governance Committees Performance Review Board 			DON
111 (2019)	Urgent & Emergency Care	Regulation 12 (2)	Must Do	Safe	Equipment Checks	The trust must ensure that emergency equipment is checked regularly, recorded accurately and replaced appropriately, in line with trust policy.	<ul style="list-style-type: none"> Electronic resus trolley checks in place and can be accessed at any time and audited monthly Results discussed at daily huddle New lockable equipment trolleys at bedside in resus bays, each has a daily checklist which will be made electronic going forward 	<ul style="list-style-type: none"> Compliance reports and alerts from electronic checklist Monthly audits 	<ul style="list-style-type: none"> Feb 20 	<ul style="list-style-type: none"> ED Patient Safety Meeting CBU Governance Committees Performance Review Board 			DON
86 (2019) 80 (2019) 82 (2019) 98 (2019) 99 (2019) 100 (2019) 101 (2019)	<ul style="list-style-type: none"> Medicine Surgery Surgery Trust Wide Trust Wide Trust Wide 	Regulation 12 (2)(g)	Must Do	Safe Well Led	Medicines Management	<p>Delivery of the Medicines Management Quality Priority which include</p> <ul style="list-style-type: none"> Safe and Secure Medicines: To ensure the safe and secured management of medicines in order to deliver patient requirements and meet legislation. Controlled Drugs: To ensure the safe and secure Management of Controlled Drugs in order to deliver patient requirements and meet legislation. Workforce: To develop a structured and empowered team with clear roles and responsibilities who deliver patient and legislative requirements seven days a week. Governance & Leadership: To develop a robust governance and leadership framework to ensure the effective and efficient delivery of medicines management. Governance & Leadership: To develop a robust governance and leadership framework to ensure the effective and efficient delivery of medicines management. CQC Assurance: To provide the required assurance through reporting that all CQC recommendations are being acted upon and to ensure that they are delivered as a priority as part of the programme schedule. (CQC Must Do and Should Do requirements fall across the 8 Project areas of the Programme.) Electronic Prescribing and Medicines Administration System (EPMA): To modernise the Pharmacy Service through information technology to improve medicines management and patient care. Automated Ward Drugs Storage Systems To modernise medicines optimisation at ward level reducing risk of medicines administration errors, reduce missed doses of medicines and increase accountability of stock. Automated Pharmacy System to support the delivery of the Falsification of Medicines Directive To replace and maintain the standards of dispensing practice by replacing old technology with more advanced solutions that also provide compliance with FMD. Centralised Temperature Monitoring System To modernise clinical area storage and provide assurance that medicines in clinical areas are stored correctly to provide optimised care for our patients. <p>Must Do's in relation to Medicines Management</p> <ul style="list-style-type: none"> The trust must ensure the proper and safe management of medicines. The trust must ensure all medications are within their expiry dates. They must ensure controlled drugs are prescribed and supplied to patients in adherence with the legal requirements. The trust must ensure that medicines, including controlled drugs, are stored, prescribed, administered, recorded and disposed of according to national guidance. The trust must ensure staff respond appropriately to fridges and environmental temperatures outside of accepted safe ranges. The trust must address the Hospital Pharmacy Transformation Plan (HPTP) in a timely way. The trust must become compliant with the Falsification of Medicines Directive (FMD) The trust must ensure the correct processes are followed for the management of controlled drugs. The trust must produce a clearer vision for medicines optimisation across the trust and resolve immediate medicines optimisation issues identified during our inspection. 	<ul style="list-style-type: none"> Various KPIs and outcome measures are included as part of the Medicines Management Priority Develop sustainability plan to over see embedding of improvements 	<ul style="list-style-type: none"> Immediate Action Plan Complete - Jul-19 30 Day Action Plan Complete - Aug-19 3 month Action Plan - completed Oct-19 9 month Action Plan - April-20 Develop sustainability Plan - Sept 20 	<ul style="list-style-type: none"> S0IB Drugs and therapeutics committee 			MD	

Alert, Advise, Assure (AAA) Highlight Report

COMMITTEE/GROUP MEETING DATE:	FINANCE, PERFORMANCE & INVESTMENT COMMITTEE 23 MARCH 2020
LEAD:	JIM BIRRELL

KEY ITEMS DISCUSSED AT THE MEETING

ALERT

- in accordance with Trust guidelines, the meeting only addressed key issues so a number of matters were deferred until such time as current operational challenges are eased
- the Month 11 financial position suggests that the Trust will deliver the forecast overspend on the control total of £3.6m, although this position is dependent on including income for over-performance on the Southport & Formby CCG contract that is still subject to agreement.
- the 2019/20 CIP forecast outturn is £3.5m against the agreed target of target of £6.3m.
- the number of MOFD, stranded and super-stranded patients have remained constant, which means that as yet less beds than planned have been released for potential Covid-19 patients.
- NHSI/E has directed that new developments/business cases should not be implemented in the early part of 2010/21 without their prior agreement. This may necessitate internal discussions on managing known issues such as the need for Paediatric Medical cover.

ADVISE

- centrally determined block contracts are being put in place for the early part of 2020/21. It is anticipated that the contracts will be based on current expenditure levels.
- it was noted that there was a significant gap between the Trust's expectation and CCG plans at the point at which 2020/21 contract negotiations were paused.
- the Finance Team is developing month-end processes that will enable the production of faster monthly financial information.
- the Trust has been informed that the External Auditors will be completing the 2019/20 audit remotely. It has also been announced that the final accounts timetable will be amended slightly to allow for this change and that the 2019/20 Quality Accounts will not be subject to audit.
- the Committee will examine the ratio of new to follow-up outpatient appointments at its next full meeting.

ASSURE

- the Trust is confident of fully utilising the revised 2019/20 capital resource limit.
- a meeting with the PLICs team at Leeds Teaching Hospitals NHS Trust proved very useful. It is hoped that some of their approaches can be incorporated into the S&O methodology and that there will be an ongoing sharing of information.

New Risk identified at the meeting	None.
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Review of the Risk Register

Title of Meeting	BOARD OF DIRECTORS	Date	1 April 2020
Agenda Item	TB045/20	FOI Exempt	No
Report Title	Integrated Performance report (IPR)		
Executive Lead	Steve Christian, Chief Operating Officer		
Lead Officer	Michael Lightfoot, Head of Information		
Action Required	<input type="checkbox"/> To Approve <input type="checkbox"/> To Assure	<input type="checkbox"/> To Note <input checked="" type="checkbox"/> To Receive	
Purpose			
The Integrated Performance report is reviewed monthly by the Trust Board and specific indicators are reviewed by the sub committees of the Board which report assurance, alerts and advice to the Board.			
Executive Summary			
<p>The performance report includes the Trust indicators relating to the NHS, Constitutional standards, the 19/20 SOF and internal performance indicators which the Trust has identified as essential measures of operational delivery and assurance. The performance indicators are grouped according to the domains used by regulators in the Well Led Framework.</p> <p>Each indicator has a Statistical process Control (SPC) chart and commentary. Whilst this executive summary provides an overall view of the organisational improvements and risks, some indicators are also included as improvement measures for the four QI priorities and are covered in detail in the relevant reports.</p> <p>The Executive summary highlights key changes in Trust performance and outlines specific actions linked to the Trust's improvement plan and key programmes of work.</p>			
Recommendations			
The Trust Board is requested to note and acknowledge progress / risks outlined in the full Integrated Performance Report for February along with the executive summary complimenting the report.			
Previously Considered By:			
✓ Finance, Performance & Investment Committee		✓ Quality & Safety Committee ✓ Workforce Committee	
Strategic Objectives			
✓ SO1 Improve clinical outcomes and patient safety to ensure we deliver high quality services			
✓ SO2 Deliver services that meet NHS constitutional and regulatory standards			
✓ SO3 Efficiently and productively provide care within agreed financial limits			
✓ SO4 Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated			
✓ SO5 Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values			
✓ SO6 Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire			
Prepared By:		Presented By:	
Michael Lightfoot		Steve Christian	

Title Of Meeting	TRUST BOARD	Date	1 April 2020
Agenda Item	TB046/20	FOI Exempt	No
Report Title	FINANCE REPORT – MONTH 11 2019/20		
Executive Lead	Steve Shanahan, Director of Finance		
Lead Officer	Kevin Walsh, Deputy Director of Finance		
Action Required	<input type="checkbox"/> To Approve <input type="checkbox"/> To Assure	<input type="checkbox"/> To Note <input checked="" type="checkbox"/> To Receive	
Purpose			
This report provides the Board with the financial position for Month 11 (February 2020) and an update on the latest 2019/20 forecast outturn and the Trust's CIP programme for 2019/20.			
Executive Summary			
<p>The Month 11 financial plan has not been achieved with the cumulative deficit £28.307 million before PSF and FRF, which is £3.563 million worse than plan.</p> <p>NHSE/I have accepted that the Trust will overspend by £3.6 million at the year end. However, due to expenditure levels, the Trust has a worst case scenario that the deficit from plan will be an over spend of £4.9 million. This has been shared and discussed with the CFO's of Southport & Formby CCG, South Sefton CCG and West Lancashire CCG. Month 11 expenditure levels remain consistent with the forecast £4.9 million overspend.</p> <p>The report includes the cash position and an initial monthly 2020/21 cash flow together with debt position, performance against the better payment practice code and e-invoicing target. Capital is also included showing the month 11 performance and an update on the forecast outturn and achievement of the statutory Capital Resource Limit (CRL).</p>			
Recommendation			
The Board is asked to receive the Finance Report – Month 11 2019/20.			
Previously Considered By:			
✓ Finance, Performance & Investment Committee			
Strategic Objectives			
<input type="checkbox"/> SO1 Improve clinical outcomes and patient safety to ensure we deliver high quality services			
<input type="checkbox"/> SO2 Deliver services that meet NHS constitutional and regulatory standards			
✓ SO3 Efficiently and productively provide care within agreed financial limits			
<input type="checkbox"/> SO4 Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated			
<input type="checkbox"/> SO5 Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values			
<input type="checkbox"/> SO6 Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire			
Prepared By:		Presented By:	
Kevin Walsh		Steve Shanahan	

Finance Report – Month 11 2019/20

1. Purpose

- 1.1. This report the Board with the financial position for Month 11 (February 2020) and an update on the latest 2019/20 forecast outturn and the Trust's CIP programme for 2019/20.

2. Executive Summary

- 2.1. The Trust has been forecasting that it will not achieve the 2019/20 financial plan since early in the financial year.
- 2.2. Following discussions with NHSE/I the Trust has now formally agreed that the financial plan will not be achieved due to a projected year end overspend of £3.6 million as highlighted in the System Recovery Plan.
- 2.3. As a result of this the Trust will no longer receive PSF/FRF funding of £11.877 million for Quarter 3 or Quarter 4.
- 2.4. The in-month position is a deficit is £3.675 million before PSF/FRF.
- 2.5. The month 11 position YTD is a deficit before PSF/FRF of £28.307 million which is £3.563 million worse than plan.
- 2.6. The table below is the I&E statement for Month 11:

I&E (Including R&D)	ANNUAL	YEAR TO DATE			IN MONTH		
	Budget £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Commissioning Income	166,731	152,285	151,277	(1,008)	13,312	13,093	(219)
PP, Overseas & RTA	1,098	1,007	694	(312)	91	46	(45)
Other Income	12,455	11,438	11,925	487	1,048	1,051	3
PSF & FRF	18,271	16,138	6,394	(9,744)	2,131	0	(2,131)
Total Operating Income	198,554	180,868	170,291	(10,578)	16,582	14,190	(2,392)
PAY	(141,018)	(129,277)	(130,390)	(1,113)	(11,934)	(12,124)	(190)
NON PAY	(53,716)	(49,053)	(50,762)	(1,709)	(4,225)	(4,743)	(518)
Total Operating Expenditure	(194,734)	(178,330)	(181,152)	(2,822)	(16,158)	(16,867)	(708)
EBITDA	3,820	2,538	(10,862)	(13,400)	424	(2,677)	(3,100)
Net Financing Costs	(12,149)	(11,191)	(11,140)	51	(1,034)	(1,011)	23
Retained Surplus/Deficit	(8,329)	(8,653)	(22,002)	(13,349)	(610)	(3,688)	(3,077)
Technical Adjustments	33	47	89	42	11	13	2
Break Even Surplus/(Deficit)	(8,296)	(8,605)	(21,913)	(13,307)	(599)	(3,675)	(3,075)
Less PSF/FRF Funding	(18,271)	(16,138)	(6,394)	9,744	(2,131)	0	2,131
SURPLUS/(DEFICIT) excluding PSF/FRF	(26,567)	(24,743)	(28,307)	(3,563)	(2,730)	(3,675)	(944)

- 2.7. The Trust's income assumes the full contract payment for Southport & Formby CCG, West Lancashire CCG and South Sefton CCG.

- 2.8. Month 11 YTD activity performance indicates that both Southport & Formby CCG and South Sefton CCG contract will over perform by a combined total of £2 million. None of this over performance has been built into the month 11 position above as discussions are ongoing.
- 2.9. The 2019/20 CIP programme is £2.457 million behind plan at month 11; the forecast outturn has been reduced to £3.470 million against the £6.314 million plan leaving an unidentified gap of £2.844 million.
- 2.10. As highlighted previously expenditure levels rose in October 2019 and remained at this higher level for the next three months up to January 2020.
- 2.11. February's expenditure remained at these higher levels.
- 2.12. These higher expenditure levels, together with the shortfall on the elective programme, are driving a higher overspend against plan than the £3.6 million.
- 2.13. Unless the Trust can secure additional contract income from Southport & Formby CCG and South Sefton CCG then the year end over spend could be £4.9 million as there are no other mitigating actions that can support the Trust only being £3.6 million behind plan.

3. Income and Activity Performance

- 3.1. Elective activity performance has continued to deteriorate after improvement during September and October.
- 3.2. Non elective activity continues to over-perform significantly.
- 3.3. Trust activity and income performance at month 11 YTD is as follows:
- Elective – activity is 3.4% below plan; £754,000 loss of income.
 - A&E – activity 7.0% above plan; £887,000 of additional income.
 - Non Elective – activity is balanced to plan; £5,526,000 additional income due to case mix.
 - Outpatients – activity is 3.2% above plan; £821,000 of additional income.
- 3.4. Not all of the above activity performance is payable in 2019/20 due to:
- Only a proportion of the non-elective value is payable due to the application of the “blended tariff” adjustment.
 - The Southport & Formby CCG and South Sefton CCG contracts apply the “blended tariff” to all points of delivery.
- 3.5. The elective plan has been underperforming since the start of the financial year:

	Annual Plan	Variance to Month 11 YTD Plan										
	2019/20	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
WL CCG	6,372	(41)	(74)	(120)	(175)	(244)	(210)	(191)	(257)	(315)	(376)	(410)
S&F CCG	9,364	(27)	(135)	(188)	(164)	(175)	(140)	(69)	(144)	(97)	(97)	(84)
Other CCG's	2,420	(22)	(41)	(83)	(90)	(112)	(100)	(141)	(194)	(214)	(215)	(260)
Total	18,156	(90)	(250)	(391)	(429)	(531)	(450)	(401)	(595)	(626)	(688)	(754)

3.6. The System Recovery Plan did have an impact during the summer up until October 2019 but it has not been possible during the winter months to deliver the required activity to deliver the elective shortfall. This has impacted adversely on the Trust's ability to achieve its agreed year end outturn.

3.7. The majority of the other CCG activity relates to dental which is commissioned by NHS England.

4. Performance of Main Commissioning Contracts

4.1. Southport & Formby CCG

4.1..1. The value of the Southport & Formby CCG contract is £74.9 million and is a "Cost based contract" which has a number of "conditional income" elements.

4.1..2. These conditional elements, and performance to date, are shown in the table below:

	Annual Plan	M11 YTD Plan	M11 YTD Actual	M10 YTD Var
	£	£	£	£
Repatriation	600,000	550,000	0	(550,000)
Business Cases	1,300,000	1,025,024	1,025,024	0
CQC Contingency	300,000	275,000	21,200	(253,800)
BPT	850,000	779,167	92,284	(686,883)
Contingency - Other Conditional	450,000	412,500	0	(412,500)
Total	3,500,000	3,041,691	1,138,508	(1,903,183)

4.1..3. Despite the £1.903 million underperformance on conditional income, the Trust's activity performance, together with additional funding for escalation beds, means the CCG contract is over-performing by £1.488 million at month 11 YTD.

4.1..4. The CCG informally has challenged the Trust's view of the contract performance on the basis of the double counting of escalation beds with PbR income; Trust's improvement in clinical coding resulting in a higher income per spell; and high outpatient follow up ratio.

4.1..5. There has been no formal challenge from the CCG on the contract performance however working as a system the Trust has declared a month 11 YTD income position which is balanced to plan (and balanced to contract value) at £68.6 million.

4.1..6. Based on the forecast level of activity it is estimated that the Trust will over-perform at

year end by circa £1.7 million (£76.6 million in total).

- 4.1..7. It is likely that the Trust will recognise this contract over-performance in month 12 and achieve the agreed year end overspend of £3.6 million.
- 4.1..8. It is worth noting that the latest projections indicate that if Southport & Formby CCG was on a PbR contract the year end projection is in the region of £80.0 million before the application of a blended tariff to non-elective activity which would reduce this figure to £77.0 million.

4.2. **South Sefton CCG**

- 4.2..1. The value of the South Sefton CCG contract is £7.1 million.
- 4.2..2. The contract is a “Cost based contract” although there is no conditional income attached or any additional charge for escalation beds usage.
- 4.2..3. The Trust’s month 11 YTD activity performance indicates an over-performance of £322,090.
- 4.2..4. Due to the CCG’s stance as highlighted in 4.1.5 above the Trust is declaring a balanced contract position for South Sefton CCG in its month 11 YTD position (total contract payment of £6.5 million YTD).
- 4.2..5. Based on the forecast level of activity it is estimated that the contract will over perform by circa £0.3 million although it is anticipated that the CCG will dispute this for the reasons highlighted in 3.1.4.
- 4.2..6. As indicated in 4.1.7 above it is likely that the Trust will recognise this over-performance in month 12.

4.3. **West Lancashire CCG**

- 4.3..1. The contract is a PbR based contract.
- 4.3..2. The Trust plan is £51.0 million and the contract value is £50.5 million following arbitration due to timing issues on when the Trust could start counting CDU activity.
- 4.3..3. The plan is underperforming at month 11 YTD by £0.474 million which consists of:
- Arbitration issue for CDU (£0.46) million
 - Elective activity (£0.4) million.
 - Other activity £0.4 million
- 4.3..4. Other activity includes non-elective over-performance of £1,132,000 but this is reduced to £226,000 after the application of the blended tariff at 20%.
- 4.3..5. The System Recovery Plan required an improvement in elective under-performance which would have resulted in achievement of the income plan.
- 4.3..6. The Trust is now forecasting that West Lancashire CCG will perform to contract and not to plan which is a shortfall of £0.5 million.

5. Expenditure

- 5.1. Please refer to attached appendices for more detailed information regarding expenditure and Whole Time Equivalent (WTE).
- 5.2. Within pay the main staff groups driving the over spend are non-consultant medical staff (£1.2 million YTD) and nursing & midwifery (£2.9 million YTD).
- 5.3. High vacancy levels continue to contribute significantly to the over spends within these staff groups resulting in high levels of agency and bank usage (see section 6).
- 5.4. Whilst there have been new appointments the current vacancy rates (non consultant 16% and nursing & midwifery 17%) have not improved since May 2019 when the nurse establishment review was funded.
- 5.5. Prior to month 7 underlying monthly expenditure levels were fairly consistent.
- 5.6. Since month 7 expenditure levels have increased and have not been mitigated by additional CIP or other recovery measures.
- 5.7. Month 11 pay expenditure is consistent with month 10.
- 5.8. Underlying monthly non pay expenditure has been consistent up to January.
- 5.9. In summary, average monthly expenditure levels rose in October 2019 and pay is the main contributor. The monthly rise has continued into February and is forecast to continue into March.
- 5.10. This is all having an impact on the Trust's forecast outturn despite mitigating actions been put in place through the Trust's recovery plan.

6. Bank and Agency spend

- 6.1. Monthly agency spend in February is the same as January at £1,225,000 (10.1% of the pay bill); Medical staff £535,000 (month 10 £593,000); Nursing £588,000 (month 10 £608,000).
- 6.2. Month 10 YTD agency spend is £11.903 million (9.1% of the pay bill); Medical staff £6.061 million; Nursing £4.818 million.
- 6.3. Total Bank spend in January is £1,037,000 (8.6% of the total pay bill) bringing YTD spend to £10.370 million (7.95% of the total pay bill).
- 6.4. The Trust spent £2.158 million in January on bank and agency staff which is lower than December's (£2.255 million) which was the highest recorded to date.
- 6.5. The Trust is forecast to spend £24.4 million on bank and agency staff in 2019/20.
- 6.6. Both bank and agency attract a considerable premium element and recruitment to these posts would significantly improve the Trust's financial position.
- 6.7. Ongoing recruitment into nursing vacancies has seen some recent success but, despite additional recruitment, the attrition rate results in only marginal improvements.

- 6.8. The band 2/3 nurse vacancy rate has improved from 54.9 WTE in January to 46.5 WTE (11.5%) in February.
- 6.9. The band 5 nurse vacancy has worsened from 128 WTE in January to 140 WTE (27%) in February with 10 WTE less contracted nurses.

7. Cost Improvement Plan (CIP) Performance

- 7.1. The Trust's I&E plan assumes a £6.3 million CIP is delivered in 2019/20 from both increased income and reduced expenditure.
- 7.2. The table below illustrates both the targets and performance to date:

	Annual Plan £000	Annual Budget £000	Month 11			YTD			CYE £000	FYE £000
			Budget £000	Actual £000	Var £000	Budget £000	Actual £000	Var £000		
19/20 Plan - Expenditure (pay)	2,465	3,965	378	85	(293)	3,584	1,410	(2,174)	1,495	1,034
19/20 Plan - Expenditure (non pay)	1,724	1,724	161	121	(40)	1,556	1,461	(95)	1,578	1,459
19/20 Plan - Income (other op income)	325	325	39	30	(10)	286	368	82	397	201
19/20 Plan - Income (BPT)	1,800	300	30		(30)	270		(270)		
19/20 Plan - Total	6,314	6,314	608	235	(373)	5,696	3,239	(2,457)	3,470	2,694

- 7.3. At month 11 the CIP plan for the month was £0.608 million; the Trust achieved £0.235 million. Year to date plan was £5.696 million and actual is £3.239 million.
- 7.4. The Trust has transacted £3.470 million at month 11 and is now forecasting to deliver £3.489 million for 2019/20. This is due to the following schemes being non cash releasing and removed from the latest forecast outturn:
- Length of Stay - previously £0.465 million.
 - Reduction in Recruitment time - previously £0.028 million.
 - Theatres Programme - previously £0.031 million.
- 7.5. To improve the financial position in Q4 2019/20 work is ongoing to undertake a 'single site valuation of assets' with a forecasted value of c£0.250million, and also to quantify savings from the introduction of Patchwork which was forecast to deliver savings in Q4 2019/20 of £0.133 million.

8. Cash

- 8.1. The cashflow in appendix 6 shows actual performance each month and a forecast for March.
- 8.2. For February the target was a month-end balance of £1 million and the Trust was marginally above that at £1.085 million.
- 8.3. A revenue loan of £3.664 million together with the first part of the capital loan of £410,000 was received in February.
- 8.4. March's revenue loan of £5.819 million and the final part of the capital loan of £525,000 have both now been received in March.
- 8.5. In addition the initial monthly cash flow for 2020/21 has been extracted from the

operational plan submitted on 5th March 2020 and this is shown in the appendices.

- 8.6. This 2020/21 cash flow plan assumed a large debt to equity conversion of circa £130 million with all outstanding revenue loans converted to public dividend capital (equity).
- 8.7. In addition, there was an assumption that no further revenue loans would be required in 2020/21 as the Financial Recovery Fund (FRF) payments were being paid at the beginning of the quarter.
- 8.8. Note that new guidance in light of COVID-19 was issued on 18th March which has changed some of the mechanics above, however, it appears that for 2020/21 the Trust will be well supported in cash terms.
- 8.9. The appendices also show the better payment practice code performance and how the Trust is performing against the e-invoicing target.

9. Capital – Year to date performance

- 9.1. Actual spend in month was £643,000 against a plan of £1,230,000.
- 9.2. The main spending in month was on medical equipment £460,000 and the ward refurbishment programme at SDGH £124,000.
- 9.3. Some of the in-month spend was down by the further release of 2018/19 capital accruals that were no longer required.
- 9.4. Commitments at the end of February 2020 were £3,245,000 split mainly between Medical Equipment £918,000 (Treatment Centre Scopes, 50 Braun infusion pumps & syringe drivers, Endoscopic stacker system ODGH theatres, hysteroscopy equipment); Pharmacy £476,000 (Pharmacy automation and e-prescribing); IT £1,032,000 (Careflow Connect, windows 10 equipment, Data Storage and Power Edge servers), Estates £697,000 (Winter Pressures, Nurse Call, SDGH Ward Upgrades) and Facilities £98,000 (catering equipment and replacement vehicles).
- 9.5. Taking actual and committed spend together at £7,476,000 (excluding donated and GE radiology assets) and comparing this against the revised annual plan, £7,647,000, then the Trust is at 97.8% of the plan at the end of February 2020.
- 9.6. There still needs to be significant efforts made in the final month of the financial year in order to achieve the CRL.
- 9.7. The current year to date position at the end of February 2020 is shown in the appendices.

10. Capital – 2019/20 Forecast outturn

- 10.1. The Executive Team were given a list of items that could be brought forward from the 2020/21 capital plan in order to fully utilise capital monies in 2019/20.
- 10.2. All items were agreed for purchase and the forecast outturn/revised plan is driven mostly by medical equipment purchases, pharmacy automation and IT.
- 10.3. Meetings have taken place with Estates and IT to go through each of their schemes and

calculate what value will actually be spent by 31st March 2020.

- 10.4. The forecast outturn is shown in the appendices and this starts with the last forecast outturn presented to the Finance, Performance & Investment Committee on 24th February and then shows the current changes.
- 10.5. The Board will note that the forecast outturn slightly exceeds CRL (£75k), although there has been some adjustment made for known slippage before the year end on several projects whilst it is anticipated there may be further slight slippage in Month 12. The forecast is being carefully monitored to ensure further slippage does not risk achieving CRL.
- 10.6. There are some IT equipment supply issues caused by the fact that a lot of component parts are manufactured in China and it is anticipated that there may be some delay in getting equipment. The full effect of this is still being assessed and it is being monitored on a daily basis.
- 10.7. Although a new car parking system and additional spaces were approved by the Executive team, it is expected that before the end of this financial year the only costs to be incurred will be a small amount of consultancy costs to ensure we are maximising the number of spaces which might be made available with some reorganisation of the current car parks and traffic flows. Delivery of additional spaces and new car parking technology is now anticipated to be completed in the first quarter of the new financial year.
- 10.8. As there is some fluidity in the forecast outturn, it is being monitored on a daily basis.
- 10.9. Based on the extensive work being undertaken and the number of orders raised by Procurement, there is confidence that the Trust will achieve its CRL for 2019/20.
- 11. Revenue - 2019/20 Forecast Outturn**
 - 11.1. NHSE/I has written to the Southport System and has revised the Trust's forecast outturn accepting a Trust overspend against plan before PSF and FRF of £3.6 million.
 - 11.2. There is now a significant risk that this could rise to £4.9 million so there will be further discussions with commissioners regarding payment for overperformance as identified in sections 3 and 4 above.
 - 11.3. Due to current staff working restrictions there is a further risk in delivering the 2019/20 financial saving associated with the single site valuation (£250,000).

12. Recommendations

- 12.1. The Board is asked to receive the Finance Report – Month 11 2019/20.

List of Appendices

- 1. Activity run rate by month**
- 2. Expenditure run rate by month**
- 3. WTE run rate by month**
- 4. Statement of Financial Position (Balance Sheet)**
- 5. Capital Expenditure**
- 6. Cashflow Forecast**

1. Activity run rate by month

	2018/19		2019/20										
	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month
	11	12	1	2	3	4	5	6	7	8	9	10	11
AandE	6,756	7,595	7,176	7,446	7,162	7,783	7,224	7,393	7,677	8,104	7,791	7,267	6,541
Day Case	1,731	1,854	1,707	1,706	1,605	1,815	1,801	1,825	1,887	1,685	1,656	1,773	1,627
Elective	175	179	144	187	183	177	175	153	193	182	148	207	193
Non Elective (Including Short Stay)	2,480	2,646	2,368	2,504	2,339	2,662	2,706	2,559	2,770	2,801	2,800	2,740	2,505
Non Elective Non Emergency	254	262	75	78	60	76	62	69	71	79	52	69	49
Outpatients (Including Procedures)	14,462	15,302	15,074	15,615	14,365	16,777	14,066	15,286	16,049	15,456	13,463	15,723	14,767

2. Expenditure run rate by month - £000

Class	STAFF GROUP	STAFF TYPE	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	
PAY	Consultants	Substantive	(1,324)	(1,118)	(1,238)	(1,239)	(1,234)	(1,321)	(1,235)	(1,396)	(1,282)	(1,267)	(1,246)	(1,244)	(1,224)	
		Bank	(78)	(104)	(98)	(70)	(65)	(112)	(65)	(75)	(84)	(80)	(77)	(40)	(94)	
		Agency	(206)	(272)	(279)	(279)	(201)	(275)	(266)	(341)	(264)	(290)	(363)	(314)	(263)	
	Consultants Total			(1,608)	(1,494)	(1,615)	(1,587)	(1,500)	(1,708)	(1,566)	(1,812)	(1,630)	(1,636)	(1,686)	(1,598)	(1,581)
	Other Medical	Substantive	(1,307)	(1,245)	(1,320)	(1,285)	(1,304)	(1,277)	(1,293)	(1,409)	(1,308)	(1,256)	(1,274)	(1,261)	(1,261)	
		Bank	(115)	(167)	(165)	(167)	(195)	(155)	(174)	(171)	(146)	(182)	(139)	(151)	(184)	
		Agency	(273)	(316)	(256)	(257)	(277)	(288)	(255)	(235)	(247)	(258)	(304)	(279)	(272)	
	Other Medical Total			(1,695)	(1,728)	(1,742)	(1,709)	(1,776)	(1,720)	(1,722)	(1,815)	(1,701)	(1,696)	(1,717)	(1,691)	(1,717)
	Nurses & Midwives	Substantive	(3,672)	(3,388)	(3,954)	(3,818)	(3,797)	(3,745)	(3,722)	(3,771)	(3,749)	(3,820)	(3,769)	(3,816)	(3,780)	
		Bank	(588)	(684)	(609)	(637)	(645)	(632)	(671)	(656)	(684)	(665)	(669)	(696)	(721)	
		Agency	(415)	(436)	(372)	(397)	(319)	(303)	(400)	(370)	(458)	(455)	(549)	(608)	(588)	
	Nurses & Midwives Total			(4,675)	(4,508)	(4,935)	(4,852)	(4,761)	(4,680)	(4,793)	(4,796)	(4,891)	(4,941)	(4,987)	(5,119)	(5,089)
	Scientific, Technical & Therapeutic	Substantive	(1,319)	(1,271)	(1,453)	(1,370)	(1,351)	(1,343)	(1,369)	(1,394)	(1,404)	(1,420)	(1,416)	(1,364)	(1,379)	
		Bank	(12)	(12)	(7)	(7)	(7)	(8)	(6)	(5)	(5)	(4)	(12)	(10)	(12)	
		Agency	(8)	(14)	(4)	(8)	(20)	(35)	(26)	(72)	(28)	(39)	(38)	7	(38)	
	Scientific, Technical & Therapeutic Total			(1,339)	(1,296)	(1,465)	(1,384)	(1,378)	(1,386)	(1,400)	(1,471)	(1,437)	(1,463)	(1,466)	(1,367)	(1,429)
	Other Staff	Substantive	(2,008)	(1,731)	(2,284)	(2,156)	(2,147)	(2,090)	(2,115)	(2,150)	(2,120)	(2,126)	(2,128)	(2,190)	(2,177)	
		Bank	(19)	(34)	(38)	(17)	(27)	(34)	(40)	(28)	(24)	(26)	(23)	(25)	(27)	
		Agency	(50)	(54)	(59)	(54)	(48)	(64)	(78)	(34)	(112)	(87)	(80)	(42)	(64)	
	Other Staff Total			(2,077)	(1,818)	(2,381)	(2,227)	(2,223)	(2,188)	(2,232)	(2,213)	(2,256)	(2,239)	(2,231)	(2,257)	(2,268)
Pay Reserves	Substantive	798	(176)	(57)	(56)	149	(191)	(54)	914	(0)	0	501	(0)	(0)		
Pay Reserves Total			798	(176)	(57)	(56)	149	(191)	(54)	914	(0)	0	501	(0)	(0)	
Pay CIP	Substantive	0	0	0	0	0	0	0	0	0	0	0	0	0		
Pay CIP Total			0	0	0	0	0	0	0	0	0	0	0	0		
Apprenticeship Levy	Substantive	(40)	(47)	(44)	(42)	(38)	(50)	(36)	(43)	(46)	(39)	(46)	(43)	(40)		
Apprenticeship Levy Total			(40)	(47)	(44)	(42)	(38)	(50)	(36)	(43)	(46)	(39)	(46)	(43)	(40)	
PAY Total			(10,636)	(11,068)	(12,239)	(11,857)	(11,527)	(11,924)	(11,803)	(11,235)	(11,961)	(12,014)	(11,632)	(12,075)	(12,124)	
NON-PAY	Supplies & Services Clinical		(2,227)	(2,413)	(2,263)	(2,325)	(2,259)	(2,420)	(2,264)	(2,227)	(2,382)	(2,299)	(2,334)	(2,481)	(2,380)	
	Supplies & Services General		(199)	(212)	(186)	(172)	(173)	(164)	(189)	(219)	(211)	(191)	(204)	(203)	(191)	
	Non-Executive Directors				(6)	(6)	(6)	(8)	(4)	(6)	(6)	(10)	(6)	(6)	(7)	
	Establishment Expenses		(292)	(268)	(191)	(226)	(232)	(221)	(245)	(242)	(237)	(231)	(249)	(214)	(204)	
	Premises & Fixed Plant		(917)	(775)	(1,018)	(1,035)	(991)	(985)	(1,055)	(948)	(1,061)	(1,132)	(1,109)	(1,109)	(1,127)	
	Miscellaneous		(654)	(595)	(717)	(720)	(716)	(735)	(717)	(666)	(740)	(723)	(460)	(705)	(684)	
	Services From Other NHS Bodies		(253)	(328)	(103)	(61)	(69)	(145)	(188)	(136)	(137)	(106)	(114)	(100)	(149)	
	Non Pay Reserve		0	0	(7)	7	0	0	0	0	0	0	0	0	0	
	Non Pay CIP		0	0	0	0	0	0	0	0	0	0	0	0	0	
	NON-PAY Total			(4,543)	(4,590)	(4,491)	(4,538)	(4,446)	(4,678)	(4,662)	(4,443)	(4,775)	(4,692)	(4,477)	(4,818)	(4,743)
NON-OPERATING EXPENDITURE			(940)	(479)	(1,031)	(1,023)	(1,037)	(1,006)	(1,042)	(1,016)	(998)	(1,005)	(1,015)	(1,013)	(1,016)	
Grand Total			(16,119)	(16,137)	(17,761)	(17,418)	(17,009)	(17,608)	(17,506)	(16,694)	(17,733)	(17,710)	(17,124)	(17,906)	(17,883)	
PAY	Substantive	(8,871)	(8,975)	(10,351)	(9,964)	(9,723)	(10,016)	(9,822)	(9,248)	(9,908)	(9,928)	(9,378)	(9,917)	(9,861)		
	Bank	(813)	(1,001)	(918)	(898)	(940)	(942)	(956)	(936)	(944)	(956)	(920)	(922)	(1,037)		
	Agency	(952)	(1,092)	(970)	(995)	(864)	(966)	(1,024)	(1,050)	(1,109)	(1,129)	(1,334)	(1,236)	(1,225)		
PAY Total			(10,636)	(11,068)	(12,239)	(11,857)	(11,527)	(11,924)	(11,803)	(11,235)	(11,961)	(12,014)	(11,632)	(12,075)	(12,124)	

3. WTE run rate worked by month

STAFF GROUP	STAFF TYPE	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Consultants	Substantive	99	97	96	95	94	94	95	95	95	95	97	95	98
	Bank	5	5	5	5	3	5	3	3	4	5	4	1	5
	Agency	10	12	12	12	9	12	12	13	14	13	13	14	13
Consultants Total		114	114	114	111	106	111	110	111	113	114	115	110	117
Other Medical	Substantive	224	222	221	221	212	223	220	212	211	208	213	212	207
	Bank	10	11	13	11	9	12	12	9	12	16	12	5	17
	Agency	24	28	20	23	24	22	20	20	21	23	22	22	23
Other Medical Total		258	261	254	255	245	258	252	241	244	248	247	239	246
Nurses & Midwives	Substantive	1,101	1,110	1,106	1,121	1,110	1,109	1,107	1,102	1,121	1,142	1,124	1,148	1,158
	Bank	176	208	178	185	186	189	196	187	197	199	194	203	205
	Agency	59	69	63	60	54	57	66	65	75	84	91	105	106
Nurses & Midwives Total		1,336	1,387	1,347	1,367	1,350	1,355	1,369	1,354	1,394	1,425	1,409	1,457	1,469
Scientific, Technical & Therapeutic	Substantive	407	405	409	405	392	400	405	413	411	413	412	409	412
	Bank	3	2	2	2	1	2	2	1	1	2	2	2	2
	Agency	2	2	1	1	4	6	5	6	5	5	5	6	5
Scientific, Technical & Therapeutic Total		411	410	412	408	397	408	412	420	417	421	419	417	420
Pay Reserves	Substantive	-	-	-	-	-	-	-	-	-	-	-	-	-
Pay Reserves Total		-	-	-	-	-	-	-	-	-	-	-	-	-
Other Staff	Substantive	772	773	810	802	805	797	803	804	824	818	810	816	819
	Bank	11	14	15	13	10	14	14	13	12	12	12	11	12
	Agency	10	8	8	10	13	10	12	9	11	10	10	5	9
Other Staff Total		793	795	833	825	828	821	829	826	848	839	833	832	840
Grand Total		2,912	2,967	2,959	2,966	2,926	2,952	2,972	2,952	3,015	3,047	3,023	3,054	3,092
SUMMARY BY STAFF TYPE														
	Substantive	2,603	2,608	2,642	2,643	2,613	2,623	2,630	2,626	2,663	2,677	2,657	2,680	2,694
	Bank	205	240	213	215	210	222	227	213	226	234	225	223	241
	Agency	104	119	103	108	103	107	115	113	126	135	142	152	156
Grand Total		2,912	2,967	2,959	2,966	2,926	2,952	2,972	2,952	3,015	3,047	3,023	3,054	3,092

4. Statement of Financial Position (Balance Sheet)

	Opening balance	Closing balance	Movement	Mvt in month
	01/04/2019	29/02/2020		
	£'000s	£'000s	£'000s	£'000s
NON CURRENT ASSETS				
Property plant and equipment/intangibles	123,067	121,182	(1,885)	70
Other assets	966	1,259	293	(61)
TOTAL NON CURRENT ASSETS	124,033	122,441	(1,592)	9
CURRENT ASSETS				
Inventories	2,382	2,441	59	2
Trade and other receivables	11,678	9,643	(2,035)	464
Cash and cash equivalents	1,042	1,085	43	(27)
Non current assets held for sale	0	0	0	0
TOTAL CURRENT ASSETS	15,102	13,169	(1,933)	439
CURRENT LIABILITIES				
Trade and other payables	(22,771)	(20,065)	2,706	(1,016)
Provisions	(199)	(192)	7	46
PF/Finance lease liabilities	(1,153)	(1,153)	0	0
DH revenue loans	(20,487)	(65,026)	(44,539)	(2,545)
DH Capital loan	(411)	(400)	11	0
Other liabilities	(1,025)	(2,172)	(1,147)	1,101
TOTAL CURRENT LIABILITIES	(46,046)	(89,008)	(42,962)	(2,414)
NET CURRENT ASSETS/(LIABILITIES)	(30,944)	(75,839)	(44,895)	(1,975)
TOTAL ASSETS LESS CURRENT LIABILITIES	93,089	46,602	(46,487)	(1,966)
NON CURRENT LIABILITIES				
Provisions	(207)	(144)	63	1
DH revenue loans	(82,953)	(58,762)	24,191	(1,119)
PF/Finance lease liabilities	(13,831)	(12,569)	1,262	306
DH Capital loan	(1,000)	(1,010)	(10)	(410)
TOTAL NON CURRENT LIABILITIES	(97,991)	(72,485)	25,506	(1,222)
TOTAL ASSETS EMPLOYED	(4,902)	(25,883)	(20,981)	(3,188)
FINANCED BY TAXPAYERS EQUITY				
Public Dividend Capital	98,214	99,233	1,019	500
Retained earnings	(112,432)	(134,432)	(22,000)	(3,688)
Revaluation reserve	9,316	9,316	0	0
TOTAL TAXPAYERS EQUITY	(4,902)	(25,883)	(20,981)	(3,188)

Southport and Ormskirk Hospital NHS Trust

In month material movements are as follows:

A revenue loan of £3,664,000 was received in February. This is split between current (£2,545,000) and non-current (£1,119,000).

Other liabilities reduced by £1,101,000 and this relates to the release of deferred income from local commissioners as they recover contract monies given to the Trust in the Summer.

The increase in payables of £1,016,000 is driven mostly by expenditure accruals.

Public Dividend Capital increased by £500,000 as this amount was drawn down to fund winter pressures i.e. works over in Ormskirk to create capacity.

The first tranche of the capital loan for £410,000 was drawn down in February with the balance of £525,000 being drawn in March.

5. Capital Expenditure - 2019/20

CATEGORY	CAPITAL SCHEME DESCRIPTIONS	SCHEME CODES	2019/20	M11 YTD			Orders not yet received	Verbally agreed / letter of intent	Remaining Budget to Yend		
			£'000	£'000					£'000		
			Original Plan	Revised Plan	Actual	Variance	Actual	Actual	Revised Plan Jan 2020	Actual	Variance
MEDICAL DEVICES	Medical Equipment fund	G0090	1,000	922	1,175	(253)	918		1,037	2,093	(1,056)
	Beds / Trolleys	G0060		62	31	31			62	31	31
	Sub total MEDICAL DEVICES		1,000	984	1,206	(222)	918		1,099	2,124	(1,025)
PHARMACY	E Prescribing	G0167		60		60	327		110	327	(217)
	Pharmacy Automation						149			149	(149)
	Sub total PHARMACY			60		60	476		110	476	(366)
IM&T	Electronic Patient Record Bluespier	G0100	111								
	Electronic Patient Record PDS	G0101	69								
	Electronic Patient Record Careflow	G0102	149	398	11	387	460	(206)	487	265	222
	Vitalpac	G0007	10	25	25				25	25	
	Patient Service Signposting	G0103	184	184	106	78			184	106	78
	eDMS Evolve	F6447	80	43	43				43	43	
	SQL Server Upgrades										
	Windows 10 Project	G0104	318	557	530	27	31		600	561	39
	Telephony System Replacement	G0059	50	50	(18)	68	45		50	27	23
	Baby Tagging	G0105	50	48		48	48		48	48	
	Cyber Security	G0071	80	93	24	69	68	26	93	118	(25)
	Fixed Network Infrastructure	F6498	120	110	66	44	301		330	367	(37)
	PAS Replacement	F6409		7	6	1			7	6	1
	Data Storage Infrastructure	G0106	25	124		124	186		191	186	5
	Wireless Network Upgrade	G0073		2	1	1		2	2	3	(1)
Windows tablets - community midwives	G0168					50		50	50		
IM&T Contingency	G0107	450	255	155	100	27		255	182	73	
Sub total IM&T		1,696	1,896	949	947	1,216	(178)	2,365	1,987	378	
ESTATES	GE Turnkey works for Radiology equipment replacement programme	G0061	350	222	(52)	274	30		222	(22)	244
	6 Facet Survey	G0150	90	55	55				55	55	
	Nurse Call System	G0151	100	261	25	236	170		372	195	177
	Upgrade Ventilation Plants	G0152	100								
	Fire compartmentation	G0052	100	4	4		91	129	4	225	(221)
	Fire Precautions - Fire Doors	G0019	100	20	2	18	18		20	20	(0)

CATEGORY	CAPITAL SCHEME DESCRIPTIONS	SCHEME CODES	2019/20	M11 YTD			Orders not yet received	Verbally agreed / letter of intent	Remaining Budget to Yend			
			£'000	£'000					£'000			
			Original Plan	Revised Plan	Actual	Variance	Actual	Actual	Revised Plan Jan 2020	Actual	Variance	
ESTATES	Legionella Prevention	G0153	50									
	Spinal Lift & Ramp	G0154	85	50		50			85		85	
	Spinal isolation works	G0099	150	312	309	3			312	309	3	
	SDGH Ward Upgrades	G0155	600	972	715	257	33	9	972	757	215	
	Library Extension	G0156	145	145		145			145		145	
	Capital Team	F6305	160	146	243	(97)			160	243	(83)	
	CCTV	G0157	50									
	Sub total ESTATE IMPROVEMENT SCHEMES			2,080	2,187	1,301	886	342	139	2,347	1,781	566
		ESTATES CONTINGENCY										
		Estates Contingency Fund										
		Ward E	G0159		500	450	50	84		500	534	(34)
		Y Block (approved CIG 07/19)			25		25			25		25
		Doctors Mess (18/19)	F6420			(1)	1				(1)	1
		Spinal Ward Bathrooms & Storage	G0158		238	249	(11)			238	249	(11)
		UPS Theatre	G0053		15	9	6			15	9	6
		Southport A&E	G0068		13	4	9			13	4	9
		Sexual Health Accommodation	G0079			(13)	13				(13)	13
		Car Parking Scheme	G0083			(1)	1				(1)	1
		Waste Management	G0080									
		EBME Lift	F6301									
		HR Move - Further Alterations to LRC	F6301		34	13	21	23		34	36	(2)
		Compressors - sterile services	G0163		20		20	14		20	14	6
		Piped air paediatrics	G0162		25		25	6		36	6	30
		Southport theatre forward wait	G0164		20		20			63		63
		Paediatric flooring	G0166		50		50			50		50
		Bereavement room roof	G0165		36		36	1		50	1	49
		ODGH Theatre Air Handling Units	G0169		20		20	12			12	(12)
		ODGH Theatre 7 Starkstrom IPS Panel	G0170		50		50					
	ODGH Goods Lift (Stores)	G0171										
	Capital Project Management	G0172			18	(18)			22	18	4	
	SDGH Theatre Fans	G0173										

CATEGORY	CAPITAL SCHEME DESCRIPTIONS	SCHEME CODES	2019/20	M11 YTD			Orders not yet received	Verbally agreed / letter of intent	Remaining Budget to Yend			
			£'000	£'000					£'000			
			Original Plan	Revised Plan	Actual	Variance			Actual	Actual	Revised Plan Jan 2020	Actual
ESTATES	SDGH Theatre Control Panels	G0174										
	SDGH Theatre Ventilation	G0175										
	SDGH Y Block Electrical Work	G0176										
	SDGH Fire Alarm System	G0177										
	Piped Air Maternity	G0178								36		36
	SDGH Muslim Faith Room	G0179					4			25	4	21
	SDGH A&E Heating & Ventilation	G0180					3			30	3	27
	SDGH Clinical Education Centre Lift	G0181		36		36				40		40
	GUM Clinic Sewage Plant Compressor	G0182		25		25		13		12	13	(1)
	ODGH Innovation Centre Fire Escape Staircase	G0183						28		24	28	(4)
	ODGH LV Generator Switchroom	G0184								80		80
	ODGH IPS Panels Replacement	G0185		144	11	133		38		288	49	239
	Ward 1 SDGH	G0160										
	Ward A ODGH (Winter Pressures 2019)	G0161										
	CQC Improvements	G0187										
	A&E Alterations	G0188										
	LRC Windows & Doors	G0186						67			67	(67)
	Sub total ESTATES CONTINGENCY SCHEMES				1,251	739	512		294		1,601	1,033
Sub total ESTATES SCHEMES			2,080	3,438	2,040	1,398		635	139	3,948	2,814	1,134
FACILITIES	Catering equipment	G0026	75	102	18	84		84		102	102	0
	Vehicle Replacement	G0145	50	(27)		(27)		49		23	49	(26)
	Sub total FACILITIES		125	75	18	57		132		125	150	(25)
CONTINGENCY	F6301	202		18	(18)		23			41	(41)	
	Capital plan excluding donations and IFRIC 12		5,103	6,453	4,231	2,222		3,401	(39)	7,647	7,592	55
OTHER	Donated assets	000000	100	75	50	25				100	50	50
	GE Radiology equipment replacement programme (IFRIC 12)	F6420	1,214	1,214	209	1,005				1,214	209	1,005
	Sub total Donations and IFRIC 12		1,314	1,289	259	1,030				1,314	259	1,055
	TOTAL CAPITAL SPEND		6,417	7,742	4,490	3,252		3,401	(39)	8,961	7,851	1,110

2019/20 Capital Expenditure Forecast outturn

CATEGORY	CAPITAL SCHEME DESCRIPTIONS	Feb-20 plan	Mar-20 plan changes	Mar-20 plan
		£'000s	£'000s	£'000s
MEDICAL DEVICES	Medical Equipment fund	2,091	1	2,092
	Beds / Trolleys	39	(8)	31
	Sub total MEDICAL DEVICES	2,130	(7)	2,123
PHARMACY	E prescribing		327	327
	Pharmacy Automation	127	22	149
	Sub total PHARMACY	127	349	476
IT	Electronic Patient Record Bluespier			
	Electronic Patient Record PDS			
	Electronic Patient Record Careflow	487	(206)	281
	Vitalpac	25		25
	Patient Service Signposting	184		184
	eDMS Evolve	43		43
	SQL Server Upgrades			
	Windows 10 Project	600		600
	Telephony System Replacement	50		50
	Baby Tagging	48		48
	Cyber Security	93		93
	Fixed Network Infrastructure	120		120
	PAS Replacement	7		7
	Data Storage Infrastructure	191		191
	Wireless Network Upgrade	2		2
	IM&T Contingency	255		255
	5 VDI servers	195		195
	Windows tablets - community midwives	50		50
Sub total IM&T	2,350	(206)	2,144	
ESTATES	GE Turnkey works for Radiology equipment replacement programme	42	(12)	30
	6 Facet Survey	55		55
	Nurse Call System			
	Upgrade Ventilation Plants			
	Fire compartmentation	89		89
	Fire Precautions - Fire Doors	20		20
	Legionella Prevention			
	Spinal Lift & Ramp			
	Spinal isolation works	312		312

CATEGORY	CAPITAL SCHEME DESCRIPTIONS	Feb-20 plan	Mar-20 plan changes	Mar-20 plan
		£'000s	£'000s	£'000s
ESTATES	SDGH Ward Upgrades	972	(125)	847
	Library Extension	10	(10)	
	Capital Team	290		290
	CCTV			
	Sub total ESTATE IMPROVEMENT SCHEMES	1,790	(147)	1,643
	ESTATES CONTINGENCY			
	Estates Contingency Fund			
	Ward E (Winter planning)	500	34	534
	Y Block (approved CIG 07/19)			
	Doctors Mess (18/19)			
	Spinal Ward Bathrooms & Storage	268	(19)	249
	UPS Theatre	15		15
	Southport A&E	13		13
	Sexual Health Accommodation			
	HR Move - Further Alterations to LRC	34		34
	Compressors - sterile services	14		14
	Piped air paediatrics	7		7
	Piped air Maternity	7		7
	Southport theatre forward wait			
	Paediatric flooring	50		50
	Bereavement room roof	46		46
	Project Management Consultancy	22		22
	SDGH Muslim Faith Room	25		25
	SDGH A&E heating & ventilation	3		3
	SDGH Clinical Education Centre Lift			
	GUM clinic sewage plant compressor	13		13
	ODGH Innovation Centre fire escape staircase	43	(15)	28
	ODGH LV generator switchroom	69	(7)	62
	ODGH Replace IPS panels	42		42
	Ophthalmology Eye Clinic Room	15		15
	ODGH AHU Theatre Fans Theatres 1 & 2	16		16
	Carpark Spaces (both sites)	80	(79)	1
	LRC Windows & Doors		67	67
	Sub total ESTATES CONTINGENCY SCHEMES	1,282	(19)	1,263
Sub total ESTATES SCHEMES	3,072	(166)	2,906	

6. Cashflow Forecast – 2019/20

	Actual Apr-19 £'000s	Actual May-19 £'000s	Actual Jun-19 £'000s	Actual Jul-19 £'000s	Actual Aug-19 £'000s	Actual Sep-19 £'000s	Actual Oct-19 £'000s	Actual Nov-19 £'000s	Actual Dec-19 £'000s	Actual Jan-20 £'000s	Actual Feb-20 £'000s	Plan Mar-20 £'000s	Total £'000s
Cash Flows from Operating Activities													
Operating Surplus/(Deficit)	(1,593)	(1,005)	(26)	(1,093)	(1,391)	126	(122)	(315)	(529)	(8,024)	(3,251)	(1,375)	(18,598)
Income recognised in respect of capital donations	(9)	1	0	(34)	0	0	(8)	0	0	0	0	(50)	(100)
Depreciation and Amortisation	594	593	601	571	572	572	573	572	574	572	573	666	7,033
Impairments and Reversals	0	0	0	0									0
(Increase) in Inventories	59	(86)	200	(143)	(74)	216	(105)	(44)	(30)	(50)	(2)	(61)	(120)
(Increase) in Trade and Other Receivables	(949)	(2,096)	(1,115)	1,143	1,947	1,011	(2,702)	179	(1,047)	5,774	(403)	(1,742)	0
Increase in Trade and Other Payables	3,517	(1,123)	(1,871)	(1,887)	5,822	(512)	514	(2,786)	(601)	(4,399)	(153)	1,164	(2,315)
Increase in Provisions	1	(8)	(3)	10	0	(14)	14	(1)	(4)	(18)	(14)	(30)	(67)
Net Cash Inflow/(Outflow) from Operating Activities	1,620	(3,724)	(2,214)	(1,433)	6,876	1,399	(1,836)	(2,395)	(1,637)	(6,145)	(3,250)	(1,428)	(14,167)
Cash Flows from Investing Activities													
Interest Received	3	4	5	5	8	17	(1)	5	6	3	6	5	66
(Payments) for Intangible Assets	(57)	0	(2)	(152)	127	0	(2)	(5)	(107)	95	(8)	(579)	(690)
(Payments) for PPE and investment property	(190)	(117)	(186)	40	(1,144)	(325)	(189)	(227)	(1,118)	451	(393)	(4,246)	(7,644)
Receipts from disposal of fixed assets	0	0	0	0	0	0	0	0	38	3	0	0	41
Receipt of cash donations to purchase capital assets	9	(1)	0	34	0	0	8	0	0	0	0	50	100
Net Cash Inflow/(Outflow) from Investing Activities	(235)	(114)	(183)	(73)	(1,009)	(308)	(184)	(227)	(1,181)	552	(395)	(4,770)	(8,127)
Cash Flows from Financing Activities													
Public dividend capital received	0	0	0	0						519	500	590	1,609
Public dividend capital repaid	0	0	0	0						0	0		0
Loans received from DH	2,456	1,458	2,386	2,179	0	0	0	3,693	2,458	6,097	4,074	6,344	31,145
Loans repaid to DH	(200)	0	0	0	0	0	(2,941)	0	0	(697)	0		(3,838)
Capital element of finance leases	(8)	(8)	(8)	(8)	(8)	(8)	(596)	(8)	(8)	(8)	(256)	(8)	(932)
Capital element of PFI, LIFT	(16)	(15)	(118)	(16)	(15)	(119)	(15)	(16)	(119)	(93)	(16)	(40)	(598)
Interest Paid	(190)	(234)	(225)	(195)	(228)	(545)	(207)	(243)	(244)	0	(445)	(521)	(3,277)
Interest element of finance lease	0	0	0	0			(240)	0	0	0	(159)		(399)
Interest element of PFI, LIFT	(80)	(81)	(209)	(80)	(81)	(209)	(81)	(80)	6	(296)	(80)	(210)	(1,481)
PDC dividend (paid)/refunded	0	0	0	0	0	0	0	0	65	0	0	0	65
Net Cash Inflow/(Outflow) from Financing Activities	1,962	1,120	1,826	1,880	(332)	(881)	(4,080)	3,346	2,158	5,522	3,618	6,155	22,294
NET INCREASE/(DECREASE) IN CASH	3,347	(2,718)	(571)	374	5,535	210	(6,100)	724	(660)	(71)	(27)	(43)	0
Cash - Beginning of the Period	1,042	4,389	1,671	1,100	1,474	7,009	7,219	1,119	1,843	1,183	1,112	1,085	1,042
Cash - End of the Period	4,389	1,671	1,100	1,474	7,009	7,219	1,119	1,843	1,183	1,112	1,085	1,042	1,042

Title of Meeting	BOARD OF DIRECTORS	Date	1 April 2020
Agenda Item	TB046/20c	FOI Exempt	No
Report Title	Finance Report – Financial Arrangements for 2020/21		
Executive Lead	Steve Shanahan, Director of Finance		
Lead Officer	Kevin Walsh, Deputy Director of Finance		
Action Required	<input type="checkbox"/> To Approve <input type="checkbox"/> To Assure	<input type="checkbox"/> To Note <input checked="" type="checkbox"/> To Receive	
Purpose			
<p>This report provides the Board with an update on the financial arrangements for the first four months of 2020/21 in light of the COVID-19 pandemic.</p>			
Executive Summary			
<p>2020/21 Operational Planning process was suspended on 17 March due to COVID-19 with new financial arrangements introduced for the period 1st April – 31st July. The Financial Recovery Fund (FRF) and associated rules have been suspended. Instead a block contract will be agreed with Commissioners to cover the period 1 April to 31 July 2020.</p> <p>NHSE/I published the values of the block contract to Commissioners and Trusts on Wednesday 25 March 2020. Trust to suspend invoicing for non-contract activity for the period 1 April to 31 July and instead a sum equivalent to the historical monthly average will be added to the block contract of the provider's coordinating commissioner. The block value does not include non-clinical income.</p> <p>A national top up payment will be provided to providers where the expected cost base is higher than the calculated CCG block contract. Trusts can claim additional costs to reflect the additional marginal costs due to COVID-19. These arrangements have been made to avoid any interim working capital support.</p> <p>The expectation from the Regulator is that the CCG funding should enable the Trust to break-even over the four month period and will provide the basis against which the Regulator will monitor performance.</p>			
Recommendations			
<p>The Board is asked to receive the Finance Report – Financial Arrangements for 2020/21.</p>			
Previously Considered By:			
<input checked="" type="checkbox"/> Finance, Performance & Investment Committee <input type="checkbox"/> Remuneration & Nominations Committee <input type="checkbox"/> Charitable Funds Committee		<input type="checkbox"/> Quality & Safety Committee <input type="checkbox"/> Workforce Committee <input type="checkbox"/> Audit Committee	
Strategic Objectives			
<input type="checkbox"/> SO1 Improve clinical outcomes and patient safety to ensure we deliver high quality services			
<input type="checkbox"/> SO2 Deliver services that meet NHS constitutional and regulatory standards			

<input checked="" type="checkbox"/> SO3 Efficiently and productively provide care within agreed financial limits <input type="checkbox"/> SO4 Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated	
<input type="checkbox"/> SO5 Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values	
<input type="checkbox"/> SO6 Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire	
Prepared By:	Presented By:
Kevin Walsh, Deputy Director of Finance	Steve Shanahan, Director of Finance

2020/21 Financial Arrangements

1 Purpose

- 1.1. This report provides the Board with an update on the financial arrangements for the first four months of 2020/21 in light of the COVID-19 pandemic.

2. Executive Summary

- 2.1. 2020/21 Operational Planning process was suspended on 17 March due to COVID-19, with new financial arrangements introduced for the period 1st April – 31st July
- 2.2. The Financial Recovery Fund (FRF) and associated rules have been suspended
- 2.3. Instead a block contract will be agreed with Commissioners to cover the period 1 April to 31 July 2020.
- 2.4. NHSE/I published the values of the block contract to Commissioners and Trusts on Wednesday 25 March 2020
- 2.5. Trusts to suspend invoicing for non-contract activity for the period 1 April to 31 July and instead a sum equivalent to the historical monthly average will be added to the block contract of the provider's coordinating commissioner
- 2.6. The block value does not include non-clinical income
- 2.7. A national top up payment will be provided to providers where the expected cost base is higher than the calculated CCG block contract.
- 2.8. Trusts can claim additional costs to reflect the additional marginal costs due to COVID-19.
- 2.9. These arrangements have been made to avoid any interim working capital support.
- 2.10. The expectation from the Regulator is that the CCG funding should enable the Trust to break-even over the four month period and will provide the basis against which the Regulator will monitor performance.

3. Contractual Payments and Trust Reimbursement

- 3.1. All Trusts will be guaranteed a minimum level of income reflecting the current cost base on the following basis.
- 3.2. Commissioners should agree block contracts with NHS Trusts with whom they have a contract to cover the period 1 April to 31 July.
- 3.3. The figure will be based on the average CCG monthly expenditure implied by the provider figures in the month 9 Agreement of Balances return plus an uplift for 2020/21 inflation (including pay uplifts and CNST) but excluding the tariff efficiency factor.
- 3.4. 2020/21 activity growth is excluded.
- 3.5. Trust to suspend invoicing for non-contract activity for the period 1 April to 31 July; a sum equivalent to the historical monthly average will be added to the block contract of the Trust's coordinating commissioner.
- 3.6. A national top up payment will be provided to reflect the difference between the actual costs and income guaranteed by the two steps above where the expected cost base (which will be calculated as the average monthly expenditure figure over the period November to January uplifted for inflation) is higher.

- 3.7. The Financial Recovery Fund and associated rules will be suspended during the period.
- 3.8. Trusts can claim additional costs where the block payments do not equal actual costs to reflect additional marginal costs due to COVID-19.
- 3.9. These reasonable costs should include:
 - 3.9.1. Increases in staffing costs compared to the baseline period for dealing with increased total activity.
 - 3.9.2. Increases in temporary staffing to cover increased levels of sickness absence or to deal with other caring responsibilities.
 - 3.9.3. Payments for bank or sub-contractor staff to ensure all sickness absence is covered.
 - 3.9.4. Additional costs of dealing with COVID-19 activity.
- 3.10. Claims will be made on a monthly basis, alongside regular monthly financial reports.
- 3.11. NHSE/I view is that this should provide sufficient funds to deliver a break-even position throughout the four month period and will provide the basis against which the Regulator will monitor performance.
- 3.12. Payments made by commissioners under block contract arrangements should not be revised to reflect any shortfalls in normal contractual performance during this period.
- 3.13. The above arrangements means there should be minimal requirement for any interim working capital support during this period.

4. Published Block Contract Values

- 4.1. The monthly block contract value as provided by NHSE/I is £13,777.7 million
 - 4.1.1. NHS Southport & Formby CCG £6,611.9 million
 - 4.1.2. NHS West Lancashire CCG £4,339.8 million
 - 4.1.3. NHS NW Specialist Commissioners £1,455.6 million
 - 4.1.4. NHS South Sefton CCG £0.610.2 million
 - 4.1.5. Other Associates £0.760.2 million
- 4.2. This does not include a monthly value for non-contracted activity £0.107 million; this will form part of the top-up which will be published w/c 30 March.
- 4.3. The Trust estimate of the top up payment is £2.9 million per month

5. Capital

- 5.1. NHSE/I will shortly issue indicative capital allocations for 2020/21.
- 5.2. Additional capital expenditure will be required to support the response to COVID-19 e.g. purchase of pods, capital modifications to existing estate, purchasing of ventilators and IT assets to enable smarter working.
- 5.3. The key criteria against which the Regulator will assess claims are:
 - 5.3.1. The proposed expenditure must be clearly linked to delivery of the response to COVID-19.
 - 5.3.2. In the case of asset purchases, the asset must be capable of being delivered within the expected duration of the outbreak; and

- 5.3.3. In the case of modification to estate, the works must be capable of being completed during the outbreak.
- 5.4. Further guidance on capital processes for approving and accessing COVID-19 related capital expenditure will be published w/c 30 March.

6. Financial Governance

- 6.1. The Regulator recommends an urgent review of financial governance to ensure decisions to commit resources in response to COVID-19 are robust.
- 6.2. All organisations should test the resilience of their finance functions and business continuity plans to make sure that the most important elements (paying suppliers, core reporting) can continue even with significant staff absences.
- 6.3. No revenue business investments should be entered into unless related to COVID-19 or unless approved by NHSE/I as consistent with a previously agreed plan.
- 6.4. Normal consultancy approval and agency reporting requirements must be maintained during this period.

7. Conclusion

- 7.1. The response required to address COVID-19 has resulted in a significant delay to the 2020/21 planning process and immediate changes to funding for the period 1 April-31 July and the requirement to break even during this period.
- 7.2. Further guidance will be published w/c 30 March on contracting for 2020/21
- 7.3. NHSE/I also plan to publish detailed guidance on the changes to the debt regime for 2020/21

8. Recommendation

- 8.1. The Board is asked to receive the Finance Report – Financial Arrangements for 2020/21.

Alert, Advise, Assure (AAA) Highlight Report

Committee/Group Meeting date:	Workforce Committee 24 March 2020
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Lead:	Pauline Gibson
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KEY ITEMS DISCUSSED AT THE MEETING

ALERT

Sickness Absence

The rate for sickness absence has decreased in month to 5.38%, with an increase in the rolling year to date sickness rate of 5.17%. With regard to the current coronavirus pandemic and the Trust's response to it, it is expected the rate will increase further. To monitor this, HR have produced a recording absence system to understand the number of absences related to Covid-19 or not. The Chair asked for sight of the sickness absence numbers and requested that any issues relating to absence to be highlighted to the Committee during this period to enable fast resolution.

Time to Hire (TTH)

The average TTH in month has increased but this figure is presumed to be incorrect. The Recruitment Team are reviewing how statistics are collated and reviewed to provide robust data. An update on allocating the appropriate target for TTH to be proposed in April 2020.

Staff Turnover

Whilst Staff turnover in 12 months has remained the same in month at 12.80% from 12.80% in January 2020; Staff Turnover within year has increased to 22.06 in month from 21.75 in January 2020. The retention workstream has been re-established in order to improve this.

ADVISE

Staff Survey

Whilst the results of the 2019 Staff Survey show a 7% increased response rate it is only equivalent to the national average (47%) for 85 Acute Trusts. Various incremental improvements have been made and there are no deteriorating scores since the 2018 survey. However, 2 scores were in the bottom 20% of Acute Trusts (Quality of Appraisals & Overall Staff Engagement). With the ongoing coronavirus pandemic, the Committee were advised that the Trust is making noticeably different changes to engagement and are seeking to capture positives stories about what works. This will be used in how the organisation will lead on engagement in future.

International Nursing Recruitment

The Head of Resourcing considered all questions raised by members of the Board such as education and training and number of nurses to be recruited. The Committee recommends the proposal for approval and to plan for go live in April 2020. This date is considered to be realistic at this moment in time and will ensure a future focus as it can take 4 to 6 months for the international individuals to commence work in the organisation. There was discussion on retention and the Committee was informed that the choice of Country was reflective of cultures who naturally develop communities and thus reduce possible attrition. There is no financial commitment to go live on day 1 and the approach is a phased one, effectively providing a pilot to test success of the approach.

Safe Nurse Staffing

Safe staffing compliance has decreased to 88.31% in February 2020 from 90.52% in January 2020, against the national average of 90%. Recruitment events for schools and colleges are being impacted by Covid-19, however the Committee suggested utilising the

relationships held and the use of remote learning platforms in schools/colleges to maintain engagement and focus on careers in the Talent for Care initiative. Discussion of using social media to recruit students, and use lessons learnt from this for future recruitment campaigns.

Medical Vacancies

The report was noted by the Committee but they were keen to see the 'so what' regarding it and how this can implicate new ideas for working structures.

Reallocation of Resources

It was raised that in response to Covid-19, many of the actions being undertaken by the Trust are delivering against many of the CQC Must Do's and Should Do's. The Committee requested insight into what the gaps are, how they happened and how to prevent future occurrences.

ASSURE

Meeting

The Chair commented on the level of attendance at the meeting given how busy the membership are. She commended the flexibility and effort undertaken to hold a successful, virtual meeting.

New Risk identified at the meeting

None.

Review of the Risk Register

(Detail the risks on the committees risk register that were reviewed in the meeting, including scores C&L and current actions)

SOUTHPORT & ORMSKIRK MEDICAL VACANCIES – JANUARY 2020 SNAP SHOT

INTRODUCTION

This brief Board paper gives a snap shot of current vacancies in the Trust. Many of these posts are filled with locums and it is a very dynamic picture. The paper gives context to our workforce challenges. It does not capture non-medical vacancies that support the Medical workforce that directly affect service delivery, for example we currently have both ANP and ENP vacancies that impact on ED's ability to work at maximum efficiency.

Planned Care Medical Vacancies

Anaesthesia

Consultants	5
Speciality Doctors	11

Orthopaedics

Non Consultant Grades	4
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Urology

Consultants	1
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Specialist services Medical Vacancies

Obstetrics and Gynaecology

Consultants	1.4
Non Consultant Grades	10

Paediatrics

Non Consultant Grades	1
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Radiology

Consultants	4.2
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Urgent Care Medical Vacancies

Consultants	10
Non Consultant Grades	13

Grand Total	61.6
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Medical Vacancies in context

The Trust has a medical vacancy rate of 14 % which is above the regional average of 8.6%.

Vacancies are spread throughout the specialities but felt most acutely in Medicine, Anaesthesia and Radiology.

Anaesthetic vacancies reduce delivery of planned care, but emergency services maintained. Radiology can outsource work and targets are met.

Medicine in my view is 'cliff edge' and heavily dependent on locums and additional activity (WLI) to maintain the service. This is the service most at risk of failure, as has no resilience.

This is a national problem as recently reported by the Kings Fund:

Hospital doctors



38% increase in hospital medical staff since 2004



67% increase in hospital consultants since 2004

The headcount of hospital medical staff grew substantially from 87,000 in 2004 to over 120,000 in July 2019 – a 38% increase. Within that figure, the number of hospital consultants rose by 67% (from 30,650 to 51,250).^[7]

Nevertheless, hospitals are experiencing difficulties with medical staffing in a number of specialties and locations. Approximately one in 10 specialty postgraduate medical training posts go unfilled, though this varies regionally. **11% of places** in the North West went unfilled in August 2019, compared to 3% in London.

One recent survey found that two-in-five consultants (40%) and nearly two-thirds of senior trainee doctors (63%) said that there were daily or weekly gaps in hospital medical cover. ^[8] Where gaps in rotas mean there are not sufficient senior medical staff to assure the quality and safety of training, junior doctors may be withdrawn from hospitals, reducing the staffing complement even further.

It is anticipated that by 2030 in the 32 countries that make up the OECD there will be 450,000 Medical Vacancies and 2.5 million nursing vacancies.

SOLUTIONS

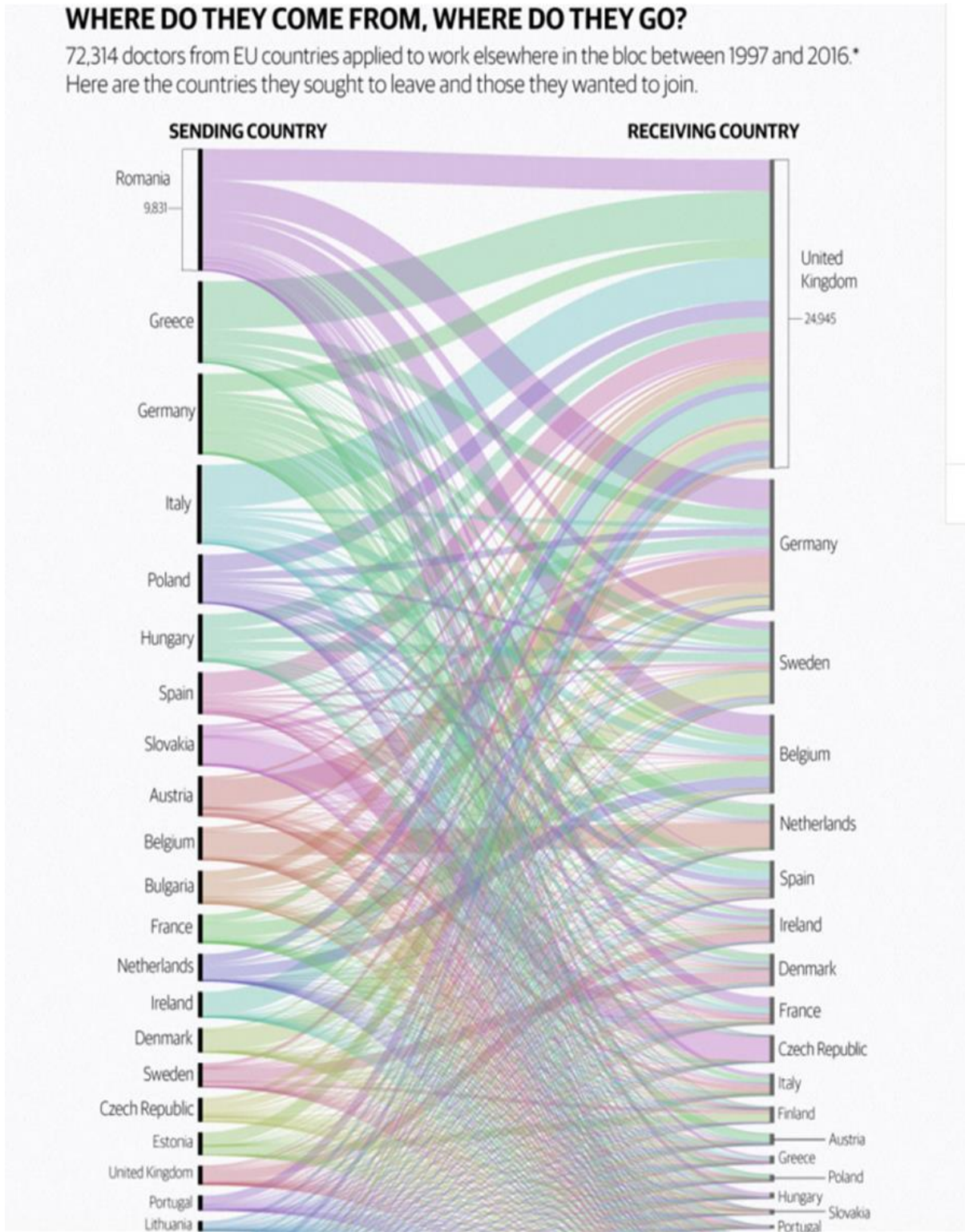
The Trust will continue to carry high vacancy rates for at least 5 years. Overseas recruitment will only deliver to the non-consultant grade role if any. Expansion of non-medical practitioner base, rationalisation/transformation of services, partnerships with neighbouring Trusts is the way forward.

Figure 1 – National Vacancy Rates

Medical % vacancy rate

Region	Sector	2018/19 Q1	2018/19 Q2	2018/19 Q3	2018/19 Q4	2019/20 Q1	2019/20 Q2
East of England	Acute	12.9%	11.3%	10.0%	9.2%	12.1%	10.6%
	Ambulance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Community	6.0%	5.5%	6.0%	6.0%	8.6%	9.5%
	Mental Health	10.8%	8.4%	11.2%	11.4%	14.4%	14.3%
	Specialist	8.1%	4.5%	3.5%	4.5%	8.1%	3.7%
East of England Total		12.6%	10.9%	9.9%	9.2%	12.1%	10.7%
London	Acute	9.0%	7.0%	6.2%	6.2%	7.5%	5.9%
	Ambulance	46.4%	86.8%	72.3%	59.7%	74.3%	76.4%
	Community	21.7%	25.7%	28.3%	30.6%	20.1%	16.6%
	Mental Health	9.1%	9.0%	9.6%	10.0%	12.0%	8.6%
	Specialist	11.2%	8.8%	5.8%	6.9%	10.6%	9.2%
London Total		9.3%	7.5%	6.6%	6.7%	8.3%	6.5%
Midlands	Acute	11.9%	9.1%	8.8%	8.1%	9.7%	8.2%
	Ambulance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Community	13.3%	5.7%	6.8%	7.8%	11.1%	16.2%
	Mental Health	15.1%	14.6%	14.5%	16.0%	18.2%	15.5%
	Specialist	7.3%	9.0%	9.1%	7.2%	7.2%	5.6%
Midlands Total		12.1%	9.6%	9.3%	8.8%	10.4%	8.8%
North East and Yorkshire	Acute	8.8%	4.8%	4.7%	5.8%	6.8%	4.4%
	Ambulance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Community	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Mental Health	11.3%	10.3%	11.0%	15.2%	17.5%	13.3%
	Specialist	2.6%	2.6%	2.4%	2.6%	2.5%	2.3%
North East and Yorkshire Total		8.8%	5.2%	5.2%	6.5%	7.6%	5.1%
North West	Acute	9.8%	9.4%	7.3%	7.5%	9.6%	7.4%
	Ambulance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Community	12.8%	12.4%	12.5%	15.8%	21.0%	9.5%
	Mental Health	16.1%	13.6%	13.2%	10.7%	15.5%	14.4%
	Specialist	5.0%	2.4%	2.6%	2.1%	6.9%	5.6%
North West Total		9.9%	9.2%	7.4%	7.3%	9.9%	7.8%
South East	Acute	7.8%	6.7%	6.4%	6.9%	7.7%	6.5%
	Ambulance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Community	11.9%	16.0%	11.9%	14.1%	22.3%	13.7%
	Mental Health	12.6%	14.5%	14.6%	14.7%	17.8%	17.0%
	Specialist	2.8%	0.0%	0.0%	0.0%	9.4%	6.1%
South East Total		8.3%	7.4%	7.1%	7.6%	8.9%	7.5%
South West	Acute	5.0%	3.5%	3.6%	3.6%	5.6%	2.6%
	Ambulance	0.0%	17.8%	32.0%	32.0%	91.9%	91.9%
	Community	5.9%	15.1%	14.7%	12.4%	0.5%	19.3%
	Mental Health	13.3%	9.1%	9.2%	10.8%	14.6%	11.7%
	Specialist	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
South West Total		5.6%	4.0%	4.0%	4.1%	6.2%	3.2%
Grand Total		9.6%	7.7%	7.1%	7.2%	9.0%	7.1%

Figure 2 – EU Medical Migration



Dr T Hankin
Executive Medical Director
March 2020

Title of Meeting	BOARD OF DIRECTORS	Date	1 April 2020
Agenda Item	TB048/20	FOI Exempt	No
Report Title	Medical Vacancies		
Executive Lead	Dr Hankin, Executive Medical Director		
Lead Officer	Dr Hankin, Executive Medical Director		
Action Required	<input type="checkbox"/> To Approve <input type="checkbox"/> To Assure <input type="checkbox"/> For Information	<input checked="" type="checkbox"/> To Note <input type="checkbox"/> To Receive	
Purpose			
To inform the Trust Board of our current position on Medical Vacancies and the challenges going forward.			
Executive Summary			
Current vacancy rate of 14% is significantly higher than the North West average of 7.8%.			
Recommendations			
Any solution will involve upskilling of non-medical workforce and partnerships with adjacent providers.			
Previously Considered By:			
<input type="checkbox"/> Finance, Performance & Investment Committee <input type="checkbox"/> Remuneration & Nominations Committee <input type="checkbox"/> Charitable Funds Committee		<input type="checkbox"/> Quality & Safety Committee <input type="checkbox"/> Workforce Committee <input type="checkbox"/> Audit Committee	
Strategic Objectives			
<input type="checkbox"/> SO1 Improve clinical outcomes and patient safety to ensure we deliver high quality services			
<input type="checkbox"/> SO2 Deliver services that meet NHS constitutional and regulatory standards			
<input type="checkbox"/> SO3 Efficiently and productively provide care within agreed financial limits			
<input type="checkbox"/> SO4 Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated			
<input type="checkbox"/> SO5 Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values			
<input type="checkbox"/> SO6 Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire			
Prepared By:		Presented By:	
Dr Hankin, Medical Director		Dr Hankin, Medical Director	

Title Of Meeting	BOARD OF DIRECTORS	Date	1 April 2020
Agenda Item	TB049/20	FOI Exempt	No
Report Title	ANNUAL STAFF SURVEY REPORT		
Executive Lead	Jane Royds, Director of Human Resources and Organisational Development		
Lead Officer	Audrey Cushion, Assistant Director of HR Governance and Quality		
Action Required	<input type="checkbox"/> To Approve <input type="checkbox"/> To Assure	<input type="checkbox"/> To Note <input checked="" type="checkbox"/> To Receive	
Purpose			
This report provides a summary of the 2019 Annual Staff Survey and outlines its main findings, whilst highlighting areas we need to prioritise for improvement.			
Executive Summary			
<p>The report outlines the results of the Staff Survey which closed on 29 November 2019. The results indicated that the Trust:</p> <ul style="list-style-type: none"> • response rates improved by 7% from the previous year, which is above the national average for acute Trusts • improved scores in 9 out of the 10 themed areas and remained the same in 1 area. • is above the national average for Equality, Diversity and Inclusion, Health and Wellbeing, and Safe Environment (bullying and harassment) is the same as the national average. • had the highest significant change in Immediate Managers, Morale, Safety Culture, Staff engagement and Team Working although these areas remain below the national average. • saw a continued improvement in areas previously highlighted as concerns in 2017 <p>The Trust recognises that there are some key areas for improvement including improving staff morale and engagement, and will continue to progress these during 2020. An in-depth analysis will be undertaken which will produce an overarching action plan for cascading to CBUs.</p>			
Recommendation			
The Board is asked to receive the Annual Staff Survey Report and support the stated actions.			
Previously Considered By:			
✓ Workforce Committee			
Strategic Objectives			
<input type="checkbox"/> SO1 Improve clinical outcomes and patient safety to ensure we deliver high quality services			
<input type="checkbox"/> SO2 Deliver services that meet NHS constitutional and regulatory standards			
<input type="checkbox"/> SO3 Efficiently and productively provide care within agreed financial limits			
✓ SO4 Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated			
✓ SO5 Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values			
<input type="checkbox"/> SO6 Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire			
Prepared By:		Presented By:	
Audrey Cushion		Jane Royds	

1. Themes in the Staff Survey

This report provides a summary of the 2019 Annual Staff Survey and outlines its main findings. The results provide understanding and focus, whilst highlighting areas we need to prioritise as needing improvement. The full report of the Survey will be posted on the Intranet and will be available for all staff to see.

The Board and Executives Teams support is crucial for ensuring the potential challenges and opportunities that the Survey reveals are integrated into the Trusts improvement plan.

1379 surveys were returned equating to a response rate of 47% which is the same as the national average for 85 Acute Trusts. This was a 5% increase on the response rate from the previous survey.

The survey has continued with the changed format which was introduced in 2018 giving a more visual appearance with overall themes.

10 Themes are covered by the Survey:

- Equality Diversity and Inclusion
- Health and Wellbeing
- Immediate Managers
- Morale
- Quality of Appraisals
- Quality of Care
- Safe Environment – bullying and harassment
- Safe Environment – violence
- Safety Culture
- Staff Engagement

2. Themed Results - Trends

Although there has been incremental progression in all of the themed areas since the 2018 survey, the Trust has not scored higher than any of the comparator trusts.

(Score 0- 10 benchmarked against Acute Trusts Nationally)

Scores which have increased since the 2018 survey

Theme	2018	2019	National Average	Best
Health and Wellbeing	5.9	6.1*	5.9	6.7
Immediate Managers	6.4	6.6	6.8	7.4
Morale	5.8	6.0	6.1	6.7
Quality of Appraisals	4.6	4.9	5.6	6.6
Quality of Care	7.3	7.4	7.5	8.1
Safe Environment (B&H)	7.9	8.0*	7.9	8.5
Safe Environment (Violence)	9.3	9.4	9.4	9.6
Safety Culture	6.2	6.4	6.7	7.2
Staff Engagement	6.6	6.7	7.0	7.5
Team Working	5.9	6.2	6.6	7.2

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Scores which remained the same since the 2019 survey.

Theme	2018	2019	National Average	Best
Equality Diversity and Inclusion	9.11	9.1*	9.0	9.4

*Higher than national average

The Trust has improved scores in 9 out of the 10 themed areas and remained the same in 1 area. The Trust is above the national average for Equality, Diversity and Inclusion and Health and Wellbeing. Safe Environment (bullying and harassment) is the same as the national average. The highest significant change was Immediate Managers, Morale, Safety Culture, Staff Engagement and Team Working although these areas remain below the national average.

69.3% of respondents answered that their manager valued their work and 65.6% responding that their manager takes a positive interest in their health and wellbeing. There has been an overall reduction in the number of respondents answering that they have experienced violence at work from patients, services users, colleagues or managers.

49.3% of staff responded that they believed the organisation treats people fairly when involved in a near miss or error compared to 42.8% in 2018 which is a significant improvement. 65.4 % of staff reported that the organisation takes action when near misses or incidents occur which is a significant improvement of 5% on 2018. In addition 64.9% of respondents have indicated that they would feel secure raising concerns about unsafe clinical practice, which again is a significant improvement.

The Trust remains in the bottom 20% of Trusts for Quality of appraisals and the Trust has already made significant plans to address this issue and increase the scores. However the number of respondents reporting that their appraisal helps to agree clear objectives and left employees feeling valued has increased overall.

There was a general increase in the percentage of respondents (80.9%) reporting that they were satisfied with the quality of care given to patients/service users in comparison to 79.6% in 2018 and 65.7% responded that they were able to deliver the care that they aspire to in comparison to 64.8% in 2018.

There was a decrease in the number of respondents reporting experience of harassment, bullying or abuse at work by patients/service users or the public and also a decrease in respondents answering that they had experience bullying, harassment at work from managers. However at 14.1% this is higher than the national average for Acute Trusts.

In terms of overall staff engagement there has been an overall increase in the scores with 50.4% indicating that they are able to make improvements in their area of work in comparison to 46.8% in the 2018 survey. In addition, there has been an increase in respondents answering that they are able to make suggestions to improve their work from 67.8% to 70.9%

3. SOHT's key areas for improvement:

The following scores are lower than the national average of other Trusts (the comparison average used is the 'National 2019 average for acute trusts):

- Quality of appraisals is lower than the national average and is in the bottom 20% of Acute Trusts
- Morale is marginally lower than the national average
- Staff Engagement is lower than the national average
- Support from immediate managers is below the national average
- Quality of Care is marginally below the national average
- Team Working is below the national average.
- Safe Environment (Violence) is below the national average
- Safe Environment – violence is the same as national average

4. Survey – Recommendations for Improvement

Results suggest that SOHT would benefit from concentrating on raising staff satisfaction levels by improving staff morale and engagement.

There are opportunities for improvement in the following areas:

1. Leadership development to ensure that our leaders are supported to develop the skills to be visible, involved and listening.
2. Communication and staff engagement is key to ensure staff feel valued and involved.
3. Improve the Appraisal system to ensure that quality conversations are taking place that supports the Trust Values and Behaviour Framework.
4. Making full use of the Quality Improvement techniques and tools available to encourage team working, communication and quality of care.
5. Further increase job satisfaction levels with a review of low cost staff benefits, including flexible work patterns.
6. Making full use of OD interventions aligned to the workforce strategy to increase overall staff engagement recognising the correlation between positive staff engagement and quality of care.
7. Delivery of the Health and Wellbeing Strategy and action plan.
8. Recruitment and Retention Group to develop and deliver action plan.
9. Commitment to the Equality, Diversity and Inclusion agenda and communication of progress.

5. Conclusion

Southport and Ormskirk NHS Trust has welcomed the results of the staff survey and is encouraged by some of the improvements which were highlighted as concerns from the 2017 survey which have continued to improve in the 2018 and 2019 Surveys. The Trust recognises that there are some key areas for improvement and will continue to progress these during 2020 focusing on those where the Trust is below the national average whilst maintaining improvements. This will be delivered through a more indepth analysis to produce an overarching action plan which can then be cascaded into CBU specific plans.

Audrey Cushion
 Assistant Director of HR Governance

Title Of Meeting	BOARD OF DIRECTORS	Date	1 April 2020
Agenda Item	TB051/20	FOI Exempt	No
Report Title	GUARDIAN OF SAFE WORKING REPORT		
Executive Lead	Dr Terry Hankin, Medical Director		
Lead Officer	Dr Sharryn Gardner, GOSW		
Action Required	<input type="checkbox"/> To Approve <input type="checkbox"/> To Assure	<input checked="" type="checkbox"/> To Note <input type="checkbox"/> To Receive	
Purpose			
This report from the Guardian of Safe Working provides a quarterly update of information collated with regard to safe working for trainee doctors			
Executive Summary			
<p>The number of Exception Reports remains low - all from a handful of trainees all at F1 level. Completion rates this quarter have been particularly poor and we will arrange a joint sessions with junior and senior medical staff to help understand how the system can work for good in conjunction with the BMA.</p> <p>Only trainees in medicine and surgery submitted Exception Reports. Improvements such as targeted communication with trainees and consultants could be used to show benefits to these as individuals.</p>			
Recommendation			
The Board is asked to receive the Gender Pay Gap report.			
Previously Considered By:			
<input checked="" type="checkbox"/> Workforce Committee			
Strategic Objectives			
<input type="checkbox"/> SO1 Improve clinical outcomes and patient safety to ensure we deliver high quality services			
<input type="checkbox"/> SO2 Deliver services that meet NHS constitutional and regulatory standards			
<input checked="" type="checkbox"/> SO3 Efficiently and productively provide care within agreed financial limits			
<input type="checkbox"/> SO4 Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated			
<input checked="" type="checkbox"/> SO5 Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values			
<input type="checkbox"/> SO6 Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire			
Prepared By:		Presented By:	
Dr Sharryn Gardner		Dr Terry Hankin	

THE GUARDIAN OF SAFE WORKING QUARTERLY TRUST REPORT

1 AUGUST – 31 OCTOBER 2019

Introduction

As Guardian of Safe Working I am responsible for collating information with regard to safe working for trainee doctors. This information is produced from Hours, Pattern and Service Support Exception Reports generated by trainees and I disseminate an anonymised overview to the Executive Medical Director, Assistant Medical Directors, Clinical Directors, trainees and Departmental Managers on a monthly basis. Education Exception Reports are monitored by Director of Medical Education and he will report on these to Board.

1. EXCEPTION REPORT OVERVIEW (1st August 2019 – 31st October 2019)

	01/08/2019 – 31/10/2019	01/05/2019 – 31/07/2019
Exception Reports ERs	24	5
Completed ERs	9	5
Trainees	7	3
Episodes	24	5
Review Interview Held	9/24	5/5
A&E	0	0
Medicine	10	5
Surgery	14	0
Trauma & Orthopaedics	0	0
Anaesthetics	0	0
Ophthalmology	0	0
Paediatrics	0	0
Obs & Gynae	0	0
GP	0	0

See Appendix A for Exception Report Breakdown

There were 4 ERs following induction in August, followed by a large spike of 16 from 3 individuals in September falling to 4 in October.

Completion rate this quarter has been particularly poor and we will arrange a joint sessions with junior and senior medical staff to help understand how the system can work for good in conjunction with the BMA. Currently payback is often very disconnected from the original episodes.

Of those completed there was a 50:50 split between Lime off in Lieu and payment. It is now easier to close those where the outcome has been agreed.

ACTION: Joint session with BMA at Grand Round

1. MEDICINE

- 1.1 Workload across the organisation remains high and particularly in 14B (respiratory). HR are exploring a monitoring exercise in all staff in 14B to try and identify areas where targeted changes / help could be used.
- 1.2 A number of issues raised across medicine including day to day gaps not addressed resulting from on call rotas, lack of computers (being shared with MDT also), increasingly complex patients compounding any gaps. Rotas often don't reflect those who will be present due to clinics not being included.
- 1.3 TTOs are a particular concern requiring a lot of time in a difficult system compounded by lack of computers.
- 1.4 Missing educational opportunities is almost exclusively an issue for trainees in medicine.

2. SURGERY

- 2.1 There were more ERs in surgery this quarter – a total of 14.
- 2.2 There are multiple factors – the commonest is rostering depleting staff on the ground in the daytime and no contingency plans for cover.
- 2.3 On occasions this is compounded by either one post-take ward round or a series of post-take ward rounds over the week affecting a reduced number of trainees cumulatively.

3. PAYMENT AND FINES

There have been no GoSW fines levied in either of the last two quarters.

4. ROTA COMPLIANCE AND IN-HOUSE LOCUM ARRANGEMENTS

- 4.1 All Trust Rotas are 2106 compliant.
- 4.2 There were no Work schedule reviews during this period.
- 4.3 There are ongoing changes to the 2016 compliant rotas to make them compliant with the new agreed contract. Trainees are being kept informed if this will affect them.
- 4.4 A number of rotas are not compliant with the maximum 1:3 weekends and this should be in place across the board by August 2020. GoSW in contact with CDs in these areas to look at planning for this.

5. DOCTORS NOT ON THE NEW CONTRACT

- 5.1 Medical Staffing identified the 7 doctors not on 2016 contract in the last quarter out of 126.
- 5.2 These are primarily senior STs (Almost exclusively in Paediatrics). No concerns about safe working from non-trainee doctors have been escalated to the GoSW. Medical HR will identify any trainee not on 2016 contract quarterly and GoSW will continue to monitor these trainees.
- 5.3 These are primarily senior STs (Almost exclusively in Paediatrics). No concerns about safe working from non-trainee doctors have been escalated to the GoSW. Medical HR will identify any trainee not on 2016 contract quarterly and GoSW will continue to monitor these trainees.

6. VACANCIES (as of 1st September 2019)

- 6.1 SOHT are actively recruiting and therefore vacancy rates are changing frequently, so I cannot guarantee complete accuracy. Doctors are also leaving often out of sync with normal staff changeover dates.
- 6.2 The current vacancies have been largely unchanged for the last 12 months.

7. TRAINEE CONCERNS

- 7.1 Attendance at the TDF continues to be a feast or a famine despite the provision of pastries. We continue to try different strategies to improve this.
- 7.2 A further issue is a degree of lack of ownership from the trainees where trainees present agree to gauge opinions or get additional ideas / information and then do not attend the next meeting or provide feedback such that we effectively tread water on a number of issues.
- 7.3 The Trainees are having a safety huddle to raise issues tagged on to their scheduled teaching weekly. The EMD/DMD/DME provides a representative to each teaching session.

8. FACILITIES

- 8.1 Facilities funding of over £60 000 has been made available for the Trust's Trainee doctors to improve rest and related facilities. There have been initial costings for some of this work and input is an ongoing issue.
- 8.2 Nationally the BMA report that Trust have struggled to spend the money as it is a lot for small items and inadequate for structural changes. The BMA is supporting spending it as further funding may then follow.
- 8.3 PLEASE encourage trainees to be involved and use this.
- 8.4 Also clarified that despite Finance requesting it be spent by April, there is no requirement to do so. I have emailed finance to highlight this.

9. ADDITIONAL GOSW CONCERNS

- 9.1 There are multiple changes to the 2016 contract rules after it was agreed and these will be challenging to implement. There is also limited time for these to be altered as all rotas must be sent to Trainees 8 weeks in advance of starting a post.
- 9.2 A lot of work is going on behind the scenes to address these and implement as best we can to help trainees.
- 9.3 The changes are not all rota-based and will need planning to be implemented (such as provision for transport home if not safe to drive after night-shift). Accommodation is available (should be booked in advance where possible, is limited in capacity and available to all staff on call). If not available transport home and back is paid.

Dr Sharryn Gardner
Guardian of Safe Working

APPENDIX A

EXCEPTION REPORT OVERVIEW (1ST August 2019 – 31ST October 2019)

Exception Reports 24 by 7 trainees

Exception Episodes

Medicine 10 Episodes
Surgery 14 Episodes

Trainees
 FY1 24 Episodes
 Other 0 Episodes

Only 9/24 are completed and had review meeting

Related to:
 Service support 0 Episodes
 Teaching 4 Episodes
 Natural Breaks 4 Episodes
 Overtime 15 Episodes

Note: Some ERs reported more than 1 issue so total = > 24

1 Immediate Safety Concern (ISC) submitted
 Contacted trainee immediately and submitted this part of ER in error

APPENDIX B

VACANCIES AS OF 1st AUGUST 2019

AED

Consultant	0.2 vacancies in 11 posts (1 SAS acting up)
SAS	1 vacancy in 10 posts
>ST3	0 vacancies in 2 posts
FY2 – ST2	0 vacancies in 9 posts (1 sick, 1 parental leave)
Clinical fellow	1 vacancy in 4 posts
FY1	0 vacancies in 2 posts

Anaesthetics

Consultant	3 vacancies in 20 posts (1 locum in post)
SAS	2 vacancy in 16 posts
ST3	0 vacancies in 3 posts
FY2 – ST2	1 vacancy in 8 posts (X2 CT not on on-call rota)

Dermatology

Consultant	0 vacancies in 2 posts
SAS	0 vacancies in 3 posts

GP Practice

FY2 – ST2	1 vacancy in 9 posts
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Medicine

Consultant	5 vacancies in 20 posts (4 locums in post) 0 vacancies in 11 person rota (2 SAS acting up)
SAS	1 vacancy in 7 posts (1 locum in post)
ST3 and above	1 vacancy in 10 posts
FY2 – ST2	1 vacancy in 16 posts
FY1	0 vacancies in 16 posts

Obstetrics and Gynaecology

Consultant	0.5 vacancies in 13 posts (1 locums in post)
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>ST3 5 vacancies in 8 posts (2 locums in post)
 FY2 – ST2 0 vacancies in 8 posts

Ophthalmology

Consultant 0 vacancies in 3 posts (1 locum in post)
 SAS 0 vacancies in 5.7 posts
 ST1-7 0 vacancies in 1 posts

Orthopaedics

Consultant 1 vacancies in 9 posts (1 SAS doctor acting up)
 SAS 2 vacancy in 7 posts (2 locum in post)
 ST3 0 vacancy in 2 posts (2 locums in post)
 FY2 – ST2 3 vacancies in 8 (3 locums in post)
 FY1 0 vacancies in 3 posts

Paediatrics A&E

Consultant 0 vacancies in 2 posts
 SAS 0 vacancies in 11 posts
 ST3 0.4 vacancies in 4 posts
 FY2 – ST2 0 vacancies in 2 posts

Paediatrics

Consultant 2 vacancy in 7 posts (1 appointed)
 SAS 0 vacancies in 4 posts
 ST3 0.4 vacancies in 4 posts
 FY2 – ST2 0 vacancies in 8 posts
 FY1 0 vacancies in 1 post

Psychiatry

FY2 0 vacancy in 2 posts
 FY1 0 vacancies in 2 posts

Spinal Injuries

Consultant 0 vacancies in 3 posts
 SAS 0 vacancies in 3 posts
 ST3 0 vacancies in 2 posts
 FY2 – ST2 0 vacancies in 2 posts

General Surgery

Consultant	0 vacancies in 7 posts
SAS	1 vacancies in 6 posts
ST3	2 vacancies in 5 posts (2 Locum in short post)
FY2 – ST2	3 vacancies in 8 posts (2 Locum in short post)
FY1*	0 vacancies in 5 posts
FY1 1 in 8 on call rota comprises FY1 in surgery, orthopaedics and urology	

Urology

Consultant	0 vacancies in 4 posts
SAS	0 vacancies in 3 posts
ST3	0 vacancies in 1 post
FY2 – ST2	0 vacancies in 2 posts
FY1	0 vacancies in 1 post

Title Of Meeting	BOARD OF DIRECTORS	Date	1 April 2020
Agenda Item	TB052/20	FOI Exempt	No
Report Title	GENDER PAY REPORT 2019		
Executive Lead	Jane Royds, Director of Human Resources and Organisational Development		
Lead Officer	Bob Davies: Equality Lead		
Action Required	<input type="checkbox"/> To Approve <input type="checkbox"/> To Assure	<input checked="" type="checkbox"/> To Note <input checked="" type="checkbox"/> To Receive	
Purpose			
This report provides the findings of the Gender Pay Gap analysis which all organisations (with over 250 employees) are required to undertake and publish by the 30 March.			
Executive Summary			
<p>The Gender Pay Gap reporting key themes for the Trust indicate that the Trust:</p> <ul style="list-style-type: none"> workforce is 78.70% female and 21.30% male Medical & Dental workforce is 64.52% male and 35.48% female has a 25.12% mean average gender pay gap with females earning £5.14 an hour less than males. mean average gender pay gap in 2019 deteriorated from 2018 data when as at 31st March 2018 females earned £4.98 an hour less than males with an 25.21% mean average gender pay gap has a 7.6% median hourly rate gender pay gap with females earning £1.14 an hour less than males. The median gender pay gap in 2019 has deteriorated as females earned 59 pence an hour less than males with a 3.4% median gender pay gap. The 2019 bonus pay highlights an improving position for the average bonus gender pay gap of 16.78% in 2019 compared with 23.40% in 2018 data; the median gender pay gap has deteriorated to 46.65% in 2019 compared with 33.33% in 2018. <p>The Trust will compile an action plan that will be monitored and updated, updates will be provided to the various Trust groups / committees and the report and updates are also a requirement of the equality section of the quality contract with the CCG's.</p>			
Recommendation			
The Board is asked to receive the Gender Pay Gap report.			
Previously Considered By:			
✓ Workforce Committee			
Strategic Objectives			
✓ SO1 Improve clinical outcomes and patient safety to ensure we deliver high quality services			
✓ SO4 Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated			
✓ SO5 Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values			
Prepared By:		Presented By:	
Bob Davies		Jane Royds	

Gender Pay Gap Report 2019 Southport and Ormskirk Hospital NHS Trust (SOHT)

Introduction:

The purpose of this report is to update the board on the findings of the Gender Pay Gap analysis which all organisations (with over 250 employees) are required to undertake and publish by the 30 March 2020.

Southport and Ormskirk Hospital NHS Trust value our staff and the contribution they make and are committed to fair pay irrespective of gender and aim to create a working environment where there are equal opportunities for all our staff so they can fulfil their potential and contribute to our aim of providing the high quality personal care to patients. We see this as a perfect fit with the Trust SCOPE values.

Supportive
Caring
Open and honest
Professional
Efficient

The Trust is passionate about creating a fulfilling, diverse and inclusive place to work, with equality and fairness at the heart of our values, policies and everyday practices. That is why we are committed to be an employer of choice and aim to ensure that staff have equality of access to jobs, promotion and training to make SOHT a more inclusive place to work.

The gender pay gap reporting is a crucial step to better understand the Trusts position and the broader factors which contribute to pay disparity.

The median and mean pay gaps are calculated using the calculations set out in the gender pay gap reporting regulations:-

As from 30 March 2018 the Trust must publish on our website and on a government website, the following:

- mean gender pay gap
- median gender pay gap
- mean bonus gender pay gap
- median bonus gender pay gap
- proportion of males and females receiving a bonus payment
- proportion of males and females in each pay quartile

The gender pay gap should not to be confused with unequal pay. Unequal pay is the unlawful practice of paying men and women differently for performing the same or similar work or work of equal value; whereas the gender pay gap is a measure of the difference between the average hourly earnings of men and women.

If a workforce has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help us to identify what those issues are and will support and encourage action. At SOHT employees terms and conditions of employment are dictated by national agreements, that is: Agenda for Change, Medical and Dental T&Cs and we have a small number of ungraded senior manager contracts. Our Job Evaluation process enables jobs to be matched to national job profiles and assists us in

evaluating jobs locally to determine in which pay band a post should sit. This ensures our pay is fair and appropriate.

Historically 80% of the NHS workforce are women, with more women employed in the lower banded jobs and more men employed in the higher paid Medical and Dental professions. This can have an adverse effect on the average pay figures.

Gender Pay Gap Reporting Key themes for the Trust

- The Trust workforce is **78.70% female** and **21.30% male**
- The Trust Medical & Dental workforce is **64.52% male** and **35.48% female**
- As at March 2019 the Trust has a **25.12%** mean average gender pay gap with females earning **£5.14 an hour less** than males.
- The mean average gender pay gap in 2019 has deteriorated in comparison with 2018 data when as at 31st March 2018 females earned **£4.98** an hour less than males with an **25.21%** mean average gender pay gap
- As at March 2019 the Trust has a **7.6%** median hourly rate gender pay gap with females earning **£1.14 an hour less** than males.
- The median gender pay gap in 2019 has deteriorated and as at 31 March 2018 females earned **59 pence an hour less** than males with a **3.4%** median gender pay gap.
- The 2019 bonus pay highlights an improving position for the average bonus gender pay gap of **16.78%** in 2019 compared with **23.40%** in 2018 data; the median gender pay gap has deteriorated to **46.65%** in 2019 compared with **33.33%** in 2018. The bonus pay is primarily related to clinical excellence awards that are awarded to recognise and reward Consultants who perform `over and above` the standard expected in their role. It should be noted the Consultant workforce being awarded a clinical excellence award is predominantly male at **82%**.
- Benchmarking NHS Trust information relating to the 31st March 2019 data is not yet fully available due to the deadline of reporting being 31st March 2020. However, a comparison will be undertaken once the March 2019 data for our Northwest peer group is available and any subsequent actions will be incorporated into the 2020-21 action plan.

Gender	Mean Avg. Hourly Rate £	Median Avg. Hourly Rate £
Male	£20.46	£15.06
Female	£15.32	£13.91
Difference	£ 5.14	£ 1.14
Pay Gap %	25.15%	7.6%

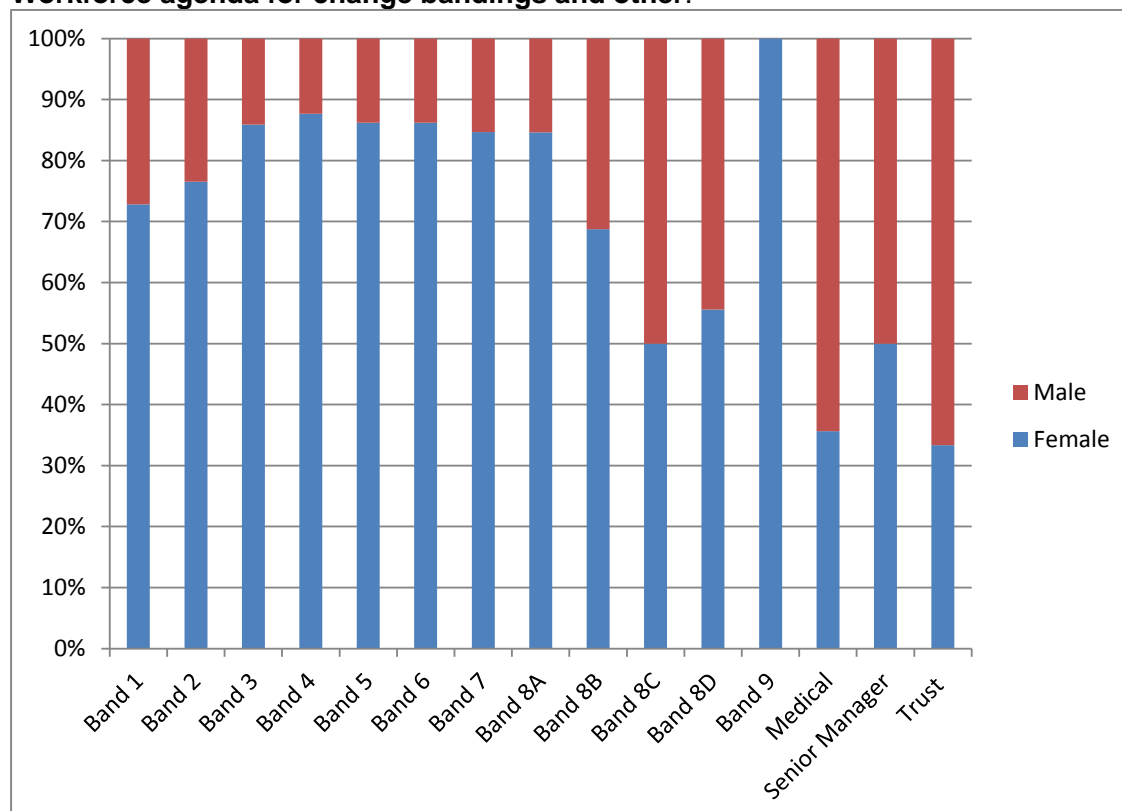
Trust Workforce:

The Trust employed 2940 staff in a variety of roles on the 31st of March 2019 and this report was compiled in December 2019. The Gender Pay Gap information is based on electronic staff records (ESR) 2019.

Pay Band & Scales			
Pay Band /Scale	Female	Male	Total
Band 1	150	56	206
Band 2	395	121	516
Band 3	323	53	376
Band 4	192	27	219
Band 5	461	74	535
Band 6	393	63	456
Band 7	210	38	248
Band 8A	66	12	78
Band 8B	22	10	32

Band 8C	3	3	6
Band 8D	5	4	9
Band 9	1	0	1
Medical	88	159	247
Senior Manager	4	4	8
Trust	1	2	3
Grand Total	2314	626	2940

Workforce agenda for change bandings and other:



Gender	Workforce Numbers	Percentage of workforce
Female	2314	78.70%
Male	626	21.30%
Total	2940	100%

The mean gender pay gap: shows the difference in average hourly pay between men and women, to calculate the mean or average, add up all the hourly pay rates and divide by the number of staff.

The Mean average hourly rate

Gender	Mean Avg. Hourly Rate £		
	2018	2019	Difference
Male	£ 19.76	£20.46	+ 0.7007
Female	£ 14.78	£15.32	+0.5379
Difference	£ 4.98	£ 5.14	+0.1573
Pay Gap %	25.21%	25.12%	- 00.09%

The table above shows the mean hourly rate for a male is £20.46 compared to £15.32 for female members of staff as of 31st March 2019 a pay gap of 25.12% the figure for 2018 was 25.21% = 0.09% reduction

Southport and Ormskirk Hospital NHS is higher than the national average with women earning around 25% less than men, the national UK average is 18% (not specifically the NHS). These figures are driven by the fact that more of our higher paid employees tend to be male senior Medical staff qualifying for Clinical Excellence Awards (CEAs).

The median gender pay gap: is the difference between the median hourly rate for male employees and the median hourly rate for female employees, to calculate the median: rank the hourly rate from high to low and take the midpoint.

The Median average hourly rate

Gender	Median Avg. Hourly Rate £		
	2018	2019	Difference
Male	£ 14.18	£15.06	+0.8829
Female	£ 13.58	£13.91	+0.3333
Difference	£ 0.59	£ 1.14	+0.5496
Pay Gap %	4.2%	7.6%	+ 3.402%

The table above shows the median hourly rate for a male is £15.06 compared to £13.91 for female staff members, this shows an average pay gap of 7.6%, the figure for 2018 was 4.2% there has been an increase of 3.4% in 2019.

Mean average and the median bonus pay received in the last 12 months

Alongside ordinary rates of pay, we are also required to report on bonus payments. Clinical excellence awards exist to recognise and reward the exceptional contribution of NHS consultants, over and above that normally expected in their role. Awards are dependent on merit and not seniority or age. Clinical excellence awards for medical staff are the only payment identified within the ESR standard report

Clinical Excellence Awards: Number of staff eligible 2018-19: = 33

Gender	Employees Paid Bonus		Total Relevant Employees		Percentage%		
	2018	2019	2018	2019	2018	2019	Difference
Male	36	27	664	626	5.42%	4.31%	- 0.11%
Female	9	6	2381	2314	0.38%	0.25%	- 0.13%
Totals	45	33	3045	2940			

The data in tables below relates to clinical excellence awards for medical staff as this is the only payment identified within the ESR standard report.

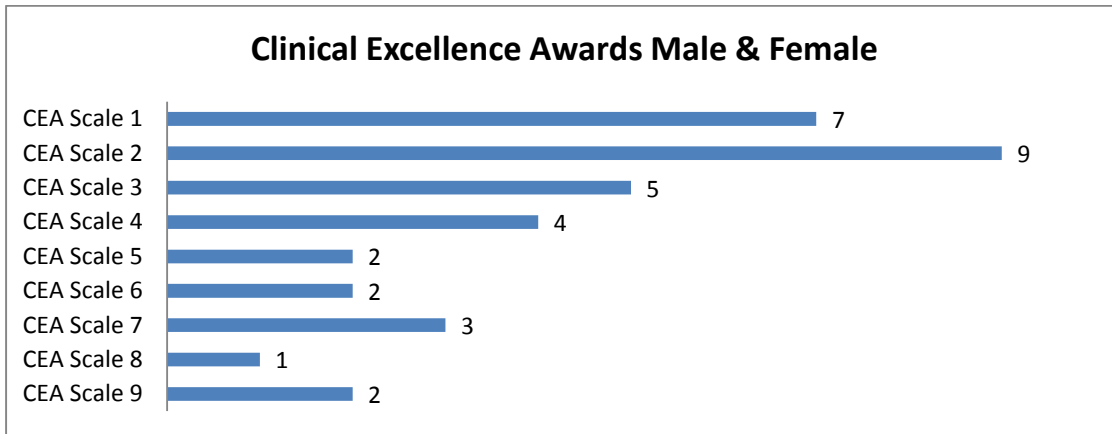
Male consultants on average receive higher CEA pay than female consultants				
	2017	2018	2019	Difference 2018-19
Mean Pay Gap:	36%	23.40%	16.78%	- 6.62%
Median Pay Gap:	17%	33.33%	46.65%	+13.32%

The Mean average and median hourly rates: Bonus

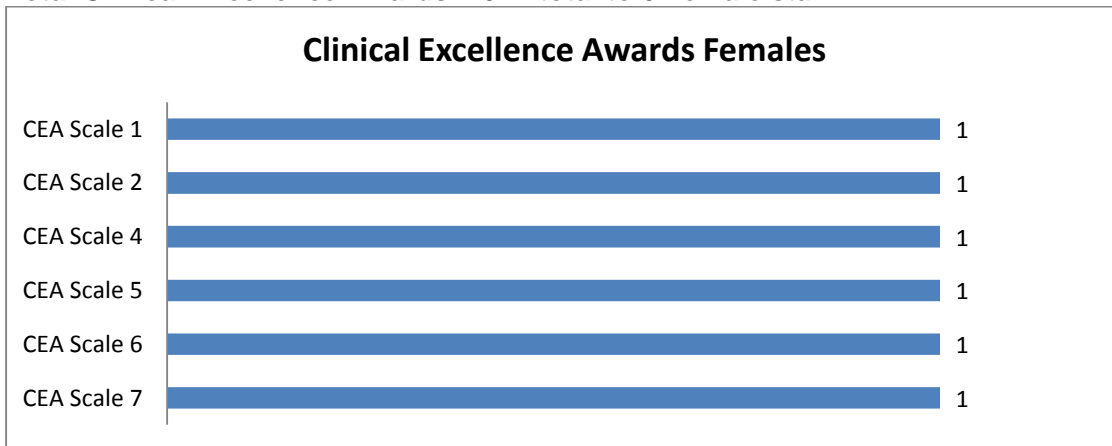
Gender	Mean. Pay		Median Pay	
	2018	2019	2018	2019
Male	£12,710.20	£12,818.02	£9,040.50	£11,310.03

Female	£ 9,736.26	£10,976.12	£6,027.04	£ 6,032.04
Difference	£ 2,973.94	£ 1,841.89	£3,013.46	£5,277.99
Pay Gap %	23.40%	16.78%	33.33%	46.65%

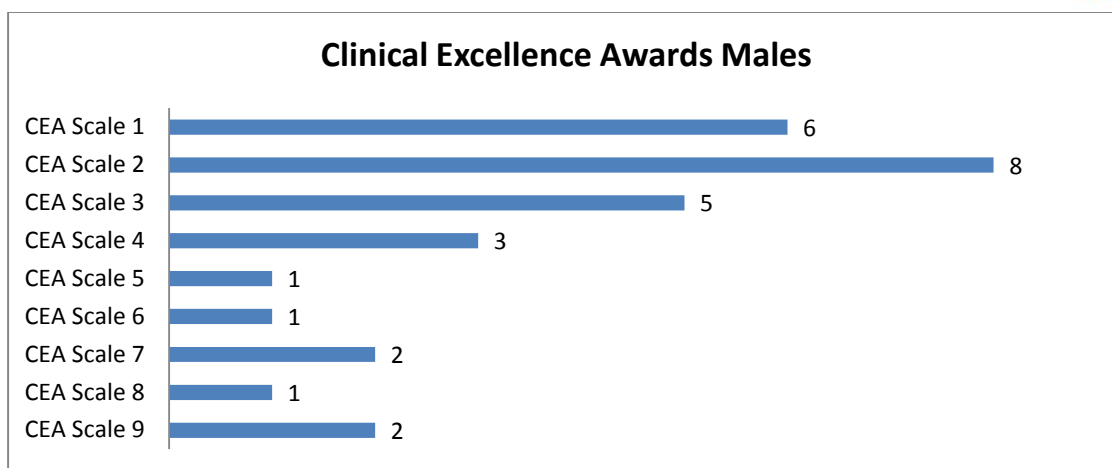
Total Clinical Excellence Awards = 35 in total to 33 Male & Female Staff



Total Clinical Excellence Awards = 6 in total to 6 Female staff



Total Clinical Excellence Awards = 29 in total to 27 Male Staff



Percentage % of male and female employees in each pay quartile

This calculation requires an employer to show the proportions of male and female full-pay relevant employees in four quartile pay bands. All employees are placed into the cumulative order according to their pay which is undertaken by dividing the workforce into 4 equal parts.

Proportion of men and woman in each pay quartile

Quartile	Female		Male		Female %		Male %	
	2018	2019	2018	2019	2018	2019	2018	2019
1	559.00	539.00	178.00	149.00	75.85%	78.34%	24.15%	21.66%
2	630.00	619.00	125.00	124.00	83.44%	83.31%	16.56%	16.69%
3	620.00	589.00	105.00	126.00	85.52%	82.38%	14.48%	17.62%
4	552.00	498.00	210.00	218.00	71.88%	69.55%	28.13%	30.45%

There are more Males in the higher paid category of medical and dental staff however increasing numbers of woman are entering the medical profession.

Medical Dental and other workforce

Of the medical and dental workforce	Male %		Female %	
	2018	2019	2018	2019
	66.5%	64.52	33.5%	35.48
Remainder of workforce	Male%		Female%	
	17.7%	17.12	82.3%	82.88

Work on closing the gender pay gap

If a workforce has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help to identify what those issues are. SOHT wants to create a diverse and representative workplace – one that will attract talented people from all backgrounds, and will give everyone, including those already working for us, the opportunity to achieve their full potential, ensuring that we do the best for our Staff and Patients.

In support of this agenda we are:

The positive approach we take towards equal opportunities we think will ensure that both genders will be treated equally, and is outlined in our Equality and Diversity Information leaflet – widely available in the organisation.

Our options for employment flexibility are open to all staff and are not driven by gender. We will further promote our flexible options to ensure all staff are aware of them maximising female talent in the workplace means first asking the right questions to identify and understand any challenges or barriers that may exist within the organisation, we intend to review all Staff Survey Data and gather information over the coming months to consider if we need to do something different for our female employees.

Coaching and Mentoring the Trust to review opportunities and interventions on offer to support the talent development of women in the workplace, including targeted mentoring and coaching programmes